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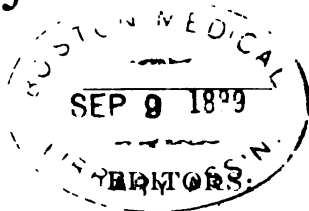
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THE MEDICAL ERA

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CH. GATCHELL, M.D.

JAMES E. GROSS, M.D.

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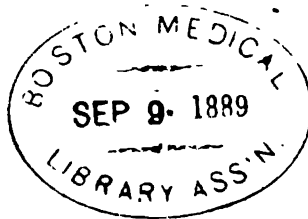
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EDITORS:

CH. GATCHELL, M.D.

JAMES E. GROSS, M.D.

1888.

THE MEDICAL ERA greets its numerous readers this year with a change of dress, but with no change of principles.

While we recognize the fact that every physician, to whatever school of medicine he may belong, should, in justice both to himself and to his patients, become acquainted with everything that pertains to the science and art of medicine, and while our pages will reflect this belief, yet the preference will always be given to matter which is in harmony with the doctrines of our school.

We shall permit no one to excel us in our devotion to the cause of homœopathy—including the NAME!—or in loyalty to its great founder. And in so doing we deny the pretensions of the members of that sect—whose arrogance is equaled only by their ignorance—who assume to be the exclusive guardians of Hahnemann's memory, the only interpreters of his will, and the sole communicants with him in the spirit world.

To the mugwumps of our school, who owe so much to homœopathy and yet repudiate its name, we extend our condolence.

To the allopaths, who are trying to enrich their poverty-stricken therapeutics by filching from the homœopathic materia medica, we present our compliments, and promise to call frequent attention to their lack of honesty in failing to make due acknowledgment.

But to "regulars" and (ir)regulars alike we extend a hearty greeting.

HAY FEVER.

He who discovers a method of curing a disease before considered to be incurable, renders mankind a service. For this are we physicians.

In the present number of THE MEDICAL ERA appears the first of a series of articles by DR. E. LIPPINCOTT, of Memphis, Tenn., on hay fever. DR. LIPPINCOTT claims to have cured every case of the disease—a no inconsiderable number—that has ever been submitted to him for treatment. This claim, we think, he will be able to substantiate.

Those readers of THE MEDICAL ERA who follow DR. LIPPINCOTT in his description of the disease and its treatment will, we have confidence, be able to repeat his success.

ALCOHOL IN DIPHTHERIA.

The use of alcohol has banished from our mind the anxiety which we formerly experienced when called to diphtheritic cases. — *Editor N. Y. Med. Times.*

On another page of this journal will be found an account of the method of the treatment of malignant diphtheria by the exclusive use of alcohol.

The editor who makes the report has employed the method for a period of fourteen years, and the strong endorsement which he gives it should arrest the attention of every practicing physician in the land. The endorsement is in language which is emphatic and unequivocal.

Every candid physician knows that he has no reliable means of arresting the course of malignant diphtheria, or of saving his patient. Occasionally a case recovers, but the instances are too few to afford sufficient foundation for the attendant to claim that the recovery is due to the result of his efforts.

At intervals we hear claims of the remarkable success achieved by some physician by means of a new method of treatment. But all such methods have been tried by others, and all have failed.

Chlorate of potash, carbolic acid, bromine, sulphur, and a thousand and one other things have enjoyed a brief reputation, but the usual disappointment has followed their use.

Now a well known physician reports most extraordinary success in the treatment of this dread disease by the use of alcohol. True, alcohol has been used more or less by many physicians ever since Von Grauvogl first called attention to its virtues, but not so systematically, or with such results claimed for it, as in this instance.

We here quote the editor's language, italicizing the important words, in order that the profession may realize the extent of the claims made for it:

Alcohol, we make bold to say, is the prince of antiseptics and the most *perfect* and *reliable* medicine of which we have any knowledge in *diphtheria*.

Diluted with equal parts of water and given in small and repeated doses, the *malignant symptoms* of this *most fatal* malady *soon disappear* and convalescence *becomes assured*.

If anyone doubts the *beneficent* influence of alcohol in *these cases* of blood disease, a little experience with it will suffice to *assure* him.

Since the autumn of 1873 we have treated *all* our cases with alcohol, with *most gratifying* results, the *malignancy* of the disease yielding *at once* to the correcting power of the drug, thus *assuring recovery*.

If, in the hands of others, the treatment of diphtheria by the systematic use of alcohol should be followed by such favorable results as above reported, then this is one of the most important additions to therapeutics that has been

made in this generation, antiseptic surgery alone excepted. It is the duty of every practitioner of medicine to give the treatment a fair trial, unless, indeed, he is already acquainted with a superior and never-failing method, in which event we most earnestly beg that we may be informed of the fact by telegraph, at our expense. (Lac caninum cures must be sent by mail, full postage prepaid.)

CAN YOU SAVE THEM?

In order for a comparison to be just, there must be some similarity between the things compared. Much has been said of late concerning the mortality rate in the homœopathic wards of Cook County Hospital, of this city. It is admitted that we are doing well, but some have asked that we do still better. Let us see if such a thing is possible.

We give herewith a list of the fatal cases occurring in the three months from Oct. 1 to Dec. 31, 1887. We give for each case the condition of the patient, the length of time in hospital, and the cause of death.

No. 68,645. The police patrol brought in a man, Sept. 29, in a state of deep coma, and with right hemiplegia. Diagnosis: cerebral hemorrhage. The patient never became conscious; died 36 hours after admission. Autopsy confirmed the diagnosis.

No. 68,598. A man in the last stage of phthisis pulmonalis was admitted Sept. 26. Both lungs much degenerated. Died eight days after admission. Autopsy confirmed the diagnosis.

No. 68,220. A man in the last stage of phthisis pulmonalis, and with frequent epileptic convulsions, was admitted Sept. 7. Died four days after admission. Autopsy showed both lungs much degenerated.

No. 68,737. A man in the last stage of cirrhosis of the liver, from alcoholism, was admitted Oct. 6. He was much emaciated, and had extreme ascites. Died twenty-one days after admission. Autopsy confirmed the diagnosis.

No. 69,134. A man in the last stage of cirrhosis of the liver, of alcoholic origin, was admitted Oct. 28. There was extreme emaciation, and great ascites. Died nine days after admission. Diagnosis confirmed by autopsy.

No. 69,277. A man in a stupor was brought in Nov. 4. The stupor rapidly developed into a deep coma, showing some intra-cranial lesion. In

absence of previous history its exact nature was not determined. Died four days after admission. Autopsy showed diffuse purulent meningitis.

No. 68,986. An old man, with many symptoms of senile decay, was admitted Oct. 19. He showed insanity, and the physical signs of fatty infiltration of the heart. Died 27 days after admission. The autopsy showed immense deposits of fat about the heart.

No. 69,433. Nov. 14, police patrol brought in a man (no history) in a profound coma; temperature 105° F. Died eight hours after admission. Autopsy showed extensive cerebral meningitis, much effusion, and cerebral softening.

No. 68,924. A lad of 17 was admitted Oct. 16, in the midst of an attack of acute parenchymatous nephritis, complicated by diffuse peritonitis. The case resisted all treatment, and the patient died twenty days after admission. Diagnosis confirmed by autopsy.

No. 69,208. A man with chronic organic disease of the heart, high temperature, and rapidly developing cerebral symptoms, was admitted Nov. 1. Sank into a coma, and died four days after admission. Autopsy showed the cause of death to have been encephalitis.

No. 69,288. A child two years old was admitted Nov. 5. It was scrofulous, with hydrocephalic head, poorly nourished, a severe nasal and bronchial catarrh, and a history of a recent attack of scarlet fever. Capillary bronchitis soon developed, and it died ten days after admission.

No. 69,676. A man was brought in Nov. 29, in a state of deep coma; stertorous breathing; motor and sensory right hemiplegia; pupils irregularly dilated; paralysis of lower sphincters. Diagnosis: cerebral hemorrhage. The patient never regained consciousness; died four days after admission. No autopsy.

No. 69,704. A Chinaman, literally rotten with tertiary syphilis, was admitted Dec. 2; was almost in *articulo mortis* at time of admission. Died in four hours.

No. 69,925. A man, reduced almost to a skeleton from advanced phthisis, was admitted Dec. 12; died the next day. Diagnosis confirmed by autopsy.

With this record we are willing to compare results with any other homœopathic hospital in the world. We cure everything that is curable. For the incurable cases we know no remedy. If there is any homœopathic physician in the land, high or low, rich or poor, who thinks that he can save any of the cases that result fatally under the treatment which they now receive in the homœopathic wards of the Cook County Hospital, we most earnestly invite him to come and make the attempt.

Either accept our invitation, or keep still!

INSTITUTE TRANSACTIONS.

SYNOPSIS OF TRANSACTIONS OF THE AMERICAN INSTITUTE OF HOMŒOPATHY, 1887.

[Arranged by the Editor of THE MEDICAL ERA.]

GENERAL SESSION.

RESOLUTIONS.

Resolved, 1. That the American Institute of Homœopathy adheres, as it has always done, to its object, as declared by its founders in the first article of its Constitution, namely, "The improvement of homœopathic therapeutics, and all other departments of medical science."

4. That the still later charge by some of the profession (the above having been demonstrated to be untenable), that homœopaths "trade upon a name," is not only a slurring attempt to check a winning cause, but is a positive calumny.

6. That the responsibility for the division of the profession into schools, so far as homœopaths are concerned, rests upon those who, by an illiberal and unprofessional course — refusing to examine into the doctrines of the new school, and aspersing and ostracising its followers — rendered the closer association of these latter a necessity.

7. That there is no demerit in belonging to a sect, provided it be engaged in a good cause, and its methods be tempered with liberality.

BUREAU ADDRESSES.

PHARMACY.

Various metals in trituration with milk-sugar become darkened in color, and grow darker and darker the longer the trituration is continued. Such is the case with all the metals which have been trituated.

The darkening is independent of chemical changes from exposure to air, for it takes place with the nobler metals, such as Aurum and Platinum, and chemical analysis fails to show oxidation even in Stannum and Mercurius.

The color test shows such a remarkable change in the triturations that there is no question of the power of trituration to subdivide small particles.

Mercury and lead exert their most lasting effects when administered, absorbed and retained in minute chemically undissolved particles. Those who think that chemical solution is necessary to medicinal activity are reminded

that the chyle, and even the blood itself are not pure chemical solutions; but that they contain floating solids.

Is it not enough to reduce our drugs to the fineness of the smallest blood granules; or, what is equivalent, to a state of mechanical solubility or permanent suspensibility?—L. S.

MEDICAL EDUCATION.

In one college with optional third course we find the longest average of study. In another requiring three courses, one-third the students were graduated with less.

The people have the right to ask that we educate ourselves in all that concerns the general well-being.

It would be better were this Institute, aided by its Inter-Collegiate Committee, to fix upon some plan of education that would be acceptable to all the colleges. It would certainly secure greater uniformity in education, if not more thorough medical training, in those destined to compose our societies and watch over the health interests of the people.

And, in this connection must be noted a grave error committed by our schools, in not allowing old school graduates to have the credit due to the possession of diplomas from reputable colleges. The effect of this illiberal and injudicious policy has been to keep away a large number of medical men who will be greatly benefited and who would in turn confer considerable benefit upon our schools.

Taking things as they are in this country the inauguration of schools for graduates, in which clinical instruction predominates, and by which the many fine hospitals and dispensaries in our large cities are made doubly useful, is a move in the right direction, and is to be heartily commended.

It is to be hoped that in our large cities where there may be, near together, several hospitals and public dispensaries having the benefits of homœopathic medication, able and enterprising teachers and practitioners will combine to furnish the clinics and demonstrations necessary to constitute excellent post-graduate schools.—T. Y. K.

OBSTETRICS.

There is yearly a growing tendency, with physicians of all schools, to urge a preparatory treatment during pregnancy. As a result, many morbid conditions have been recognized and relieved that formerly attained their fullest development.

More cures would result from a greater familiarity with our *materia medica* by every obstetrician.

Pregnancy hastens the development of carcinomatous growths, and an early resort to the use of the knife is warranted. The after-treatment is often eminently successful because of homœopathic influences. *Calendula* aids in securing union by first intention. *Hypericum* allays the irritation of an injured nerve. *Arsenicum*, *Lachesis* and *Rhus tox.* assist in saving many a valuable life which otherwise would be sacrificed.

A woman having perfect health of nerve and muscle has normal presentations. The pregnant woman is not exempt from evidences supposed to be caused by malaria, sometimes reaching the form known as pernicious fever.

The child may be born, and suffer from chill during the first hour.

The fever may return during the second or third week of the lying-in, assume typhoid type, and resist all known treatment.—M. J. C.

SURGERY.

The rapid method, so-called, for the treatment of fractures—a full description of which is impossible here—consists of using splints and other contrivances until the callus is sufficiently strong to support the weight of the limb, when all splints and bandages are removed. It is claimed that the average duration of this treatment need not exceed twenty-eight days.

In regard to the surgery of the brain, operations are now performed for the removal of foreign bodies, depression of the different tables, for the cure of epilepsy and other affections, with increasing good results. The membranes of the brain are found more tolerant of handling than has been previously believed.

Operations about the liver, duodenum, stomach and kidneys are becoming more frequent and successful. The suprapubic operation for the removal of calculi, almost obsolete, is again coming into public notice with most excellent results.

But whilst this is a fact, in regard to surgical appliances and operations, we have the satisfaction of knowing that the old-time remedies as prescribed by Hahnemann, for surgical diseases, and after surgical operations, have stood the test of time. The question may be properly asked here, Was Hahnemann a surgeon? I would say, in one sense he was: in the way of prescribing for surgical diseases, and an eminent one; but as for being an operating surgeon, he was not, so far as I can ascertain. If he or

some of his followers had been surgeons and had made a specialty of surgery, it would have been to our advantage.

Is surgery, then, so important? I say, yes. One of our colleagues well said, at the International meeting in England: Take away from medicine all the names of great surgeons in Germany, France and England and what is left? Not speaking vainly as a surgeon, but stating it as a fact, very little that we know of. Our students go to the Continent, and come back like the Argonauts of old, with tales of wondrous operations, the like of which would never be permitted in this country. Ask them the treatment of typhoid and other diseases, and the details of medicine for the cure of the sick, and they look at you with astonishment. It does seem to me that all men great in the world of medicine must be shedders of blood.

Twenty years ago our colleges did not even teach bandaging. Surgery has enabled us to have hospitals under our exclusive control.—L. H. W.

CLINICAL MEDICINE.

To Hahnemann and his early followers is conceded due credit and just praise for self-sacrificing labors, which have given us our law of cure by the application of which we claim to be able to relieve suffering and to cure all curable diseases—*curable diseases*.

An old family, he says, is a family which knows about its ancestors; and where for many generations there has existed the means to procure more food and drink than the organism actually requires. Many of us can remember when there was, in the minds of many, but one chronic form of diseased kidney—and that form inevitably considered fatal—when albuminuria meant Bright's disease, and Bright's disease early death. The medical treatment in the past and now is purely symptomatic. In this line the advances have all been made by our own school. Surgeons appear nowadays to take special pleasure in opening the abdominal walls mainly for diagnostic purposes.

Albuminuria does not now invariably mean Bright's disease, and Bright's disease does not now always mean speedy death. Neither does the absence of albumin in the urine invariably exclude Bright's disease. The various forms of casts in the urine do not nowadays invariably signify incurable disease of the kidneys.

Prof. Dieulafoy says in relation to Bright's disease, that the nice points that authors try to make as to the particular forms of lesion that

exists in any given case, will all fail you at the bedside; that, in fact, all the different lesions are often found in the same kidney.—J. W. D.

GYNECOLOGY.

The use of the electric light for diagnostic purposes is just in its infancy, and it is well for us to be awake to its coming usefulness.

The use of tents of all kinds, even the elm tent advocated by Byford, of Chicago, and which is the least objectionable, has been so uncertain in results as to cause physicians to look for more reliable means.

Allow me to say here, while on this part of my subject, that dilatation is very beneficial in the treatment of endocervicitis and catarrh of the endometrium, not only because of the better application of surfaces, but from the tonic effects to the canal of the steel instruments.

Electricity in gynecology, after many fluctuations, has at last become thoroughly established as a reputable therapeutic agent. It is now decided to be the best method of treatment of extra-uterine pregnancy. It is absolutely safe and certain, and immediate in its effects. This alone would fix its place as a great remedy. It relieves ovarian neuralgia and the pain after laparotomy. It causes absorption of inflammatory products, areolar hyperplasia and chronic exudations. It is valuable in subinvolutions and in intrauterine catarrh. Faradism has a sphere of cure in simple amenorrhœa; galvanism, for atonic amenorrhœa.

Right here, on this subject of oophorectomy, I am pleased to notice that conservative gynecologists themselves are crying out against the reckless and indiscriminate spaying of women for every sudden and trivial symptom which may look towards tubal or ovarian trouble. Those who will still recklessly insist on this operation must expect to be condemned.

Laparotomy, in its widest sense, has now been so successfully employed that we can but glance at some of the more recent affections for which it is recommended. Pelvic hæmatocele, pelvic abscess, periuterine abscess, suppurative peritonitis, both acute and chronic, and even tubercular peritonitis have each and all been successfully treated by opening the abdominal and peritoneal cavities.

In from two to three weeks after labor examine the cervix. If there is a laceration apply, after drying the surface, a solution of Argentum nitricum, one drachm to the ounce. From three to six applications have healed thoroughly quite extensive lacerations.

It is settled beyond doubt that a lacerated cervix is a starting-point, and may be a cause of malignant disease. Radical cure of epithelioma of cervix by early amputation is no question at this date. The importance of an early diagnosis and operation cannot be overestimated. Where this is done the majority of cases never recur.

The great and increasing frequency of tubal disease is shown by the record of cases to come somewhat largely from the presence of gonorrhœa, though unsuspected and never treated. Early discovery and treatment would prevent much of this. Careful discrimination and keen analysis of subjective symptoms are necessary here, as elsewhere, to succeed.

Some of the established uses of hot water in gynecology may be of interest. After laparotomies it is used in washing out the abdominal cavity. As a hæmostatic it stops the oozing of blood from small vessels. It lessens shock, after abdominal section, at 105° to 115° Fahr. It is valuable after curetting the endometrium, stops bleeding and contracts vessels. In plastic operations about the vagina and perineum, done under a small stream of hot water, Dr. Phillips, of Boston, one of our honorable members, found it to remove the blood more rapidly and perfectly than could be done by the most skilful assistant.

Glycerine is absolutely needed for the purpose of depletion in conditions requiring it.

Martini and Trischler and others have used with excellent results in uterine diseases, the Aurum natronatum muriaticum. Indurations, as well as flexions and displacements, have yielded to its effects, and inflammations also.

The Peroxide of hydrogen for cleansing the cervix and canal has no equal. It is also valuable as an application in pruritus vulvæ.

Methyliodide applied locally to the endometrium or vaginal vault causes an anæsthetic action so that a sound can be passed without pain, an effect similar to a four per cent solution of Cocaine.

In strong solution and by hypodermic use, Cocaine has been followed by serious constitutional effects. To overcome this, a plan to circumscribe the rapid diffusion of the drug into the general circulation has been found, and the end attained. A metal ring of suitable size and shape and properly covered is made to surround the point of operation, and by pressure check the circulation to some degree; it is found best to inject or apply the Cocaine and wait two minutes and then apply the circumscribing pressure.

Cocaine is invaluable in vaginismus, pruritus and hyperæsthesia of vagina, and sore and fissured nipples. In view of how little we have done to place preventive treatment in a more advanced and practical position, I feel that we should all make the prophylaxis of the painful diseases of women a constant end to be obtained. And to us who believe in the law of *similia*, as applied in therapeutics, this desire to anticipate and render unnecessary surgical and mechanical measures in gynecology, comes home with increased force.

Let us, as a body of homœopathic gynecologists, lay this course before our eyes as a path to be followed more and more faithfully until we elevate the department of medication in gynecological practice to a higher standard of excellence and certainty. It is our inheritance, and if we fail, there is no one in the allopathic branch even to make the effort.

Naturally, as homœopathic physicians, we desire to combat the surgical tendency of the times. How can we do it better than by perfecting our skill in diagnosis? I believe most thoroughly that we are able, under the banner of *similia*, to prevent, in many instances, a recourse to surgery. —S. P. H.

OPHTHALMOLOGY.

The important questions of asepsis and antiseptis in ophthalmic surgery have been thoroughly discussed, and a strong tide in their favor seems to have set in. The main points to be recommended are to have clean hands, and to see that all surroundings are clean; to avoid having infected instruments; to shun old solutions, or those likely to generate or to contain contaminating germs. Several deaths following enucleation have been reported. Death in each case was accounted for satisfactorily (to the operator). Meningitis, apoplexy, embolism or blood-poisoning, was usually the cause assigned. In a series of eighteen cases compiled, purulent meningitis was revealed by the autopsy to be the cause of death in each case. Infection of the wound is believed to be the primary cause in all these results. This may be avoided by free drainage of the orbit, disinfection and sterilization.

Nitrite of amyl has been found to be a good antidote for the loss of consciousness produced by Cocaine.

A woman cured of Grave's disease had from youth suffered from a tendency to obstruction of the nostrils, and later on had a full development of this formidable disease. A local examination of the nose disclosed "marked hyperplasia of the erectile tissue of the middle and lower turbinated

bones." Cauterization of one side, the erectile body of the right lower turbinated bone, was followed immediately by a diminution of exophthalmos, and a similar result followed the like treatment of the other side. Later a complete cessation of the palpitation took place, and the cardiac dullness was reduced to normal limits, according to the reporter.

Boracic acid, in the form of an impalpable powder, continues to enjoy the high reputation at first imputed to it. Experience shows that in a well cleaned ear, Boracic acid, tightly packed for a few hours, will frequently do more than any other remedy to cure a certain class of purulent discharges.

It has been found, by repeated experiment, that incising of the drum-head in acute hyperæmia of the middle ear, so long practiced by many, is entirely unnecessary, says an author, except in cases where pain is persistent.—C. H. V.

PÆDOLOGY.

There is no branch of medicine of equal importance, so generally neglected by us as that of dermatology.

Dunham has told us that this empirical prescribing is the result of our method of studying disease, regarding it as a natural phenomenon rather than a condition of the individual.

The most successful of the old-school dermatologists to-day base their treatment, not so much upon the name, as upon the individual.

Dr. Henri Huchard says, "One should not treat disease, but the patient. There are no local maladies, but the malady is localized." It is worthy of comment to read these words from the pen of old-school dermatologists, who advise what Hahnemann gave the profession years before. I am aware that our *materia medica*, as arranged, is not well adapted to favor individual prescribing, for the anatomical order in which provings are arranged gives more prominence to the same class of objective symptoms, and, by separating them from their sequences and concomitants, obscures the relation of the oftentimes more important individual symptoms. The *Cyclopedia of Drug Pathogenesis* seeks to remove some of these difficulties by giving us, in condensed form, the action of remedies in order of evolution of symptoms. The advantage of this system will become more and more apparent to the physician as he familiarizes himself with the co-ordination of symptoms under this natural arrangement.

Of the thirteen colleges reporting to this Institute, only four deem the subject of dermatology

worthy of mention in their professional assignment, or in lecture course.

Empiricism is a confession of ignorance; education is the remedy.—C. D. C.

PSYCHOLOGICAL MEDICINE.

A personal habit is an acquired custom of doing something, either good or bad, until the tendency has become either automatic or impulsive.

All habits which tend to physical disease, may likewise tend to the disturbance of mental equilibrium. The habit of too early rising is one of the saddest and surest means by which insanity may be acquired.

One of the most striking differences between civilization and savagery, between the environments of organized society and the freedom of the forest, is this enforced habit of too early rising on the part of the young.

The free and lazy savage gets up when he gets ready, and rarely or never becomes insane. After the habit of waking and rising at five o'clock in the morning has been formed, under the injunctions and threats of unwisely ambitious parents, it is exceedingly difficult in later life to overcome it. Even when we are privileged to sleep later in the morning, through some delectable turn in the wheel of fortune, those of us who have been victims of early rising in youth are apt to waken at four or five o'clock, and lie awake a long time before we can again woo the gentle goddess of sleep. Some farmer boys have saved themselves from early rising, and likewise from insanity, by going into the ministry, or by entering the medical profession.

A third habit which tends to the production of insanity, is that of being roused too suddenly after a long night's sleep. After the brain has been in an anæmic condition for several hours, and after the mental processes have been practically suspended during the entire night, the resumption of mental activity should be very gradual.

Another habit which tends to work injury against the well-being and growth of the young, and which tends to the production of insanity, is the premature use of tobacco and alcohol. The use of stimulants and narcotics by those who are young and undeveloped is one of the leading causes which tend to the production of physical disease and mental unsoundness. Scores of young men find their way into a lunatic asylum with the cigarette in one hand and beer bottle in the other. The Arctic explorer, the athlete, the pugilist, all eat good food (when they can get it) and avoid stimulants while undergoing the great-

est hardships and taxations upon their mental and physical powers. Still another habit which produces insanity is that of immoderate and prolonged toil. I do not refer so much to the toils of necessity as I do to those toils of ambition which combine with the labor and unfortunate anxiety as to the result. Switzerland is the fairest land on earth, but in that country there is one lunatic to every two hundred inhabitants.

The Swiss peasant, through seclusion and privation and paralyzing hardships, becomes insane at the rate of one to two hundred. On the other hand the pampered sons of royalty, the kings of earth, those who are afforded every comfort and luxury which the world can bestow, coupled with those anxieties and worriments which are embodied in the sentiment, "Uneasy lies the head that wears a crown," become insane at the rate of one to sixty.—S. H. T.

BUREAU PROCEEDINGS.

MATERIA MEDICA AND GENERAL THERAPEUTICS.

Subject:—Remedies causing disturbed sleep.

The treatment by drugs of sleeplessness from functional trouble of the brain is extremely unsatisfactory from the fact that all the serious cases require prolonged and stringent hygienic treatment. Results are not to be obtained rapidly, nor must we expect speedy results from the use of medicines. Recuperation of exhausted brain cells requires time, and it is nearly always a very slow process. The effects of treatment by drugs given in large doses for the purpose of forcibly suppressing the functional activity of the brain is always to be condemned, for the secondary results of the drug action only aggravate the pre-existing disease. The effect of giving drugs to produce an artificial anæmia of the brain mass is bound to lead to degeneration of brain cells, and give rise to serious consequences.

While the *Coffea* patient follows a train of thought clearly and persistently, the Alcohol patient has a confused thronging of ideas, often of a grotesque nature.

Cannabis Indica, however, is characterized by most fanciful imaginings and hallucinations, generally of a pleasant nature. The patient while awake really enjoys the florid mental pictures which are conjured up by the morbid brain cells.

We must deplore and denounce the prevalent method of hastily prescribing a hypnotic, and so doing the worst thing for our patient.

Over-worked brain cells, in my experience, can only be restored by rest.—T. F. A.

Insomnia, when the condition is of comparatively recent origin, occurring in business men,

college professors, men of culture, whose brains are over-active and hyperæmic—in these cases I have found positive benefit from Gelsemium, third decimal, in pellets three times a day. It is somewhat of an empirical prescription with me, but it has done good service where the insomnia is comparatively recent and due to hyperæmia rather than to brain exhaustion. I would say then, give Magnesia phos. for brain exhaustion, and Gelsemium for the hyperæmic form of insomnia.

In drunkards the honors, in my experience, have been divided between Gelsemium and Aconite. The latter for cases where there is a great amount of excitement, with fear and frightful dreams; the former where the patient is in a more passive state, with nervousness and errors of vision.—J. C. M.

Hyperopia necessitates a constant strain upon the ciliary muscles, which, if continued for months and years, you can readily see will be communicated to the brain, thus producing various nervous disturbances. Therefore, in obstinate cases of insomnia have the eyes tested and see if they are not affected.—G. S. N.

I wish to say one word for the poor drunkard, as I have had many of them to treat. I have never found a remedy that would equal *Cannabis Indica* to produce relief in such cases. (I would like to add, I always give it often, and low, equal parts of tincture and alcohol and water.)—A. M. C.

CLINICAL MEDICINE AND SPECIAL THERAPEUTICS.

Subject:—Diseases of the Kidney and Bladder.

The vast influence of heredity in the production of disease has been much underestimated.

For growth and multiplication the parasitic organism must have a suitable soil.

Therefore, even assuming the germ theory to be correct, and according it all that is claimed by its advocates, there must still be a predisposition, a susceptibility, a suitable soil, or there can be no pulmonary phthisis.

Homœopathy has already on record too many cases of veritable cures of disease of every phase and degree of severity, to be overthrown by any theory, no matter how popular or how well established it may appear to be.—T. L. K.

From my own personal experience I would state with some assurance that few men in New York City reach 60 without some form of nephritis, and I have examined but one person's urine over 70 where the chemical, and more especially the microscopical, warranted my stating the kidneys to be healthy.

The higher we climb on the ladder of age, the more certain are we to find absolute traces of renal disease.

The changes occurring in the kidney during old age, and which may be attributed to the universal degeneration going on, are similar to those found in the gouty kidney (interstitial nephritis) with narrowing in some places, and obliteration in others of the tubules. There is this difference between the purely gouty kidney and that presenting apparently similar morbid conditions due to senescence: in the former we are apt to find an hypertrophied heart; in the latter its boundaries are not increased. And though our knowledge may be somewhat wanting in senile pathology, we have come to recognize in reality that if the pathology of childhood countenances clinical considerations of a special kind, and if it is indispensable that it should be known from a practical point of view, then, also, senile studies present difficulties which cannot be surmounted except by long experience and a profound acquaintance with its peculiar characteristics.

Among other things it has often been noticed that the textural changes which old age induces in the organism sometimes attain such a point that the physiological and the pathological states seem to mingle by an imperceptible transition, and to be no longer sharply distinguishable.

The three conditions peculiar to age are atheroma, senile kidney (without hypertrophied heart), and (arthritis deformans) chronic progressive articular rheumatism. Nodular rheumatism, gout, certain arthropathies, and hypertrophied prostate gland, are also claimed to be peculiar to advanced age.

There is a decided tendency after maturity for the development of a lowly connective tissue which is eager to seize upon the kidney as one of its first prey.

In my opinion the impetus to senile changes often finds its commencement in just such irritating conditions. The uric acid (and possibly other excrementitious matter of nitrogenized character, the products of albumin metamorphosis) irritates the kidney structures, and starts up a rank growth of lowly connective tissue, or packing material, at the expense of the higher true structures of the kidneys.

Renal epithelia and casts of the tubules are the only true, infallible evidences of kidney destruction, as to existence if not as to extent. The character of the urine tells much; when it is copious and of low specific gravity, we have only too good reason to decide that the injury is extensive and widespread. Sometimes albumin,

by the grosser tests, is present, but its significance depends upon its associations.

The most acute and sudden form of renal disease is undoubtedly that following scarlatina, and it is in just these that acute dilatation of the heart occurs most typically.

While granular kidney often terminates in cerebral hemorrhage (86 times in 117 cases of apoplexy), the subject of chronic parenchymatous nephritis rarely dies by that means.

The life history of the kidney is one of early senility, and it runs in this respect with baldness, grey hair, and the atheromatous aorta.

Senility, as a rule, dates from the seventieth year.—J. M. S.

While it is not certain that albumin can be present in the urine when the system is in absolute health, and all its organs are doing their work properly, yet, it is certain that albumin can be present when the kidneys themselves are healthy. When for any reason a temporary increase of blood pressure occurs in the kidney, albumin may be excreted by them.

He would be a rash man indeed who would venture to assert that Bright's disease existed, simply because albuminuria was present.

It should never be forgotten that urine containing blood in any quantity appreciable to the naked eye, is albuminous.

While pus may be present in catarrhal inflammation of the urinary passages without noticeable constitutional disturbance, yet, so serious a disease as pyelitis should never be inferred from its presence unless corroborative constitutional symptoms co-exist.—E. B. H.

Great as has been the increase of our knowledge of the rarer affections of the kidneys during recent years, the close student will readily see that further careful clinical study is necessary to develop a better understanding of their yet undetermined points.—J. S. M.

Chronic cystitis is an affection that is more frequently due to, and associated with, disease in some other part of the urinary tract than to an acute cystitis becoming chronic. A patient suffering from renal calculus will almost certainly have chronic cystitis.

The prime object of this paper is to call attention to Chimaphilla as a very reliable remedy in chronic cystitis. I have witnessed very remarkable benefit from this drug in two very bad cases of this trouble.

Chimaphilla, as far as my limited experience goes, is our best remedy for chronic cystitis, and unless there are good reasons for doing otherwise, I would always give it early and make no change.—W. J. M.

In my examination of the symptomatology of chronic cases I have found that in the great majority the mercurials seem to be required. There is the nocturnal aggravation, easy perspiration and sensitiveness to the open air, and I have found in these cases decided benefit from the use of Protoiodide of mercury.

Where there is more or less reflex bladder trouble, pain in the sacrum, and hard pressure in the rectum, but especially the reflex bladder symptoms, *Mercurius corrosivus* is the remedy. When we find, as we often do, a yellow, heavily furred tongue, with headache, especially of the right side, pressure on the vertex, and vertigo, then the Protoiodide of mercury.—T. F. A.

The changes in old age are not identical with those occurring earlier, say from 40 to 70 years of age. These latter changes are more of the inflammatory type, in which elimination of the acid urates, and products of defective oxidation, and other toxic substances through the kidneys, induce a very slow form of inflammation resulting in the proliferation of connective tissue and subsequent contraction. But in the arterio-sclerotic kidney we find a general process going on affecting the arteries throughout the entire body.

There is a tendency to sudden death in kidney troubles, when associated with acute inflammations.

I do not consider that specific gravity alone is of great importance in diagnosis, but taken in connection with the quantity of urine eliminated in the twenty-four hours, it is of the highest importance.

The abundant use of pure water is the best diuretic employed in kidney troubles.—J. M. W.

Nothing short of the microscope can be relied on in the diagnosis of diseased kidneys.—J. H. C.

SURGERY.

Subject:—Hip-joint Disease.

The etiology of morbus Coxarius is in a measure obscure. Authors largely attribute it to constitutional dyscrasia, a strumous diathesis. Some pronounce it of traumatic origin.

The symptoms of all stages vary slightly, as the disease is located in the acetabulum, the head of the femur, or in the ligamentous structures surrounding the joint. Limping is one of the earliest symptoms; this may be persistent from the first, or may be intermittent.

Effusion of fluids into the joint during this stage, by distending the capsular ligament, causes eversion and rotation of the foot.

Rheumatic deformity has many symptoms in common with the disease of the hip-joint,

but seldom exists in the young, while morbus Coxarius is pre-eminently a disease of childhood.

The prognosis of hip-joint disease is always guarded. In uncomplicated cases in the first stage, or in the early part of the second stage, a favorable result, with little or no impairment of the joint, may be predicted. If the disease passes into the third stage, deformity and ankylosis, more or less complete, will surely follow. Ankylosis with deformity, may result in some cases.—N. S.

Later observers doubt that the disease arises in the cartilage, and believe that in most cases it originates in the bone, and less frequently in the synovial membrane.

At the hip both pelvic and femoral development lie entirely within the joint sack. The growth here is most rapid, and any over-action, any inflammatory or other morbid condition glides quickly into a joint disease.

All authorities agree that a case of synovitis may develop into a perfect case of hip-disease, but all recognize that this is of rare occurrence.

Tuberculosis as a cause of hip-disease does not seem to be generally recognized.

In the post-mortem examination of the early stages of the disease we find the cartilage eroded and the underlying bone exposed. The neck may be eaten away or the epiphysis may be partially or entirely separated from the diaphysis by the destruction of the epiphysal cartilage. The head of the bone thus separated may lie loose in the joint, or it may form firm and permanent adhesions to the acetabulum.

There are many diseases which, in their appearances, as well as in their symptoms, simulate true inflammation of the hip-joint.

In a very young subject the apparatus must be constructed regardless of locomotion. For one of more advanced years it must be constructed so as to admit of locomotion.

In the application of splints there are four cardinal principles which must be considered: immobility, extension of the limb, removal of the weight of the body, and a provision for out-door exercise.

All splints constructed with the view of removing the weight of the body from the cotyloid cavity and at the same time permitting the patient to have the freedom of the limb, have been failures.—G. A. H.

I do not believe the disease as a rule to be of scrofulous origin, for in my own experience the subjects in nine cases out of ten are healthy children, the disease being occasioned by traumatism.

In these days the opening of the cavity of a joint is a simple thing in comparison to what it has been in the past.

In performing resection of the hip-joint, you place your patient on the sound side. You have the parts thoroughly scrubbed. You then take a solution of Bichloride of mercury, one part to two thousand, and inject it into all the sinuses. Then pour over the thigh a strong solution of Iodoform.

The parts must be constantly irrigated during the operation. There should be both above and below the site of the operation towels constantly wet with an antiseptic solution, and these should be frequently changed.

With the improved methods of mechanical treatment now at our disposal, there is not the need of operative treatment there was formerly. — W. T. H.

During the first stage of the disease when the pathological changes are not marked, but are merely those of congestion and subacute inflammation, causing a rigidity of the muscles and ligaments adjacent to the joint, thereby resulting in impairment of its functions, the first essential part of the treatment is *rest*.

Such remedies as Calc. carb., Calc. phos., Calc. iod., Fluoric acid, Mercurius, Phos., etc., are called for. Without special constitutional condition, and in the average case, one or more of the following, Bell., Bry., Arn., Rhus. t., Stramon., Puls.

The remedies most useful in the second stage are Bell., Rhus. t., Stram., Calc. c., Calc. phos., Arn., Apis.

In suppuration, accompanying the changes of the third stage, a good and nutritious diet of easily digested food is essential, such as milk, essence of beef, Cod-liver oil, etc., together with fruits of various kinds.

In some cases where operation is not considered advisable, either on account of extensive involvement of the sacrum, coccyx, or pelvic bones, or where a movable joint is already being formed by nature, adopt Prof. Billroth's method of injecting into the sinuses a solution of Glycerine saturated with Iodoform. The cavity or sinus is filled with the solution and then sealed up as tight as possible with adhesive plaster. It will usually stop the suppurative process and gradually restore it to a healthy condition.

Most cases of joint disease can be brought under one of two classes, namely, acute and chronic. The acute diseases are usually traumatic, and in relation to the joint structure begin in the centre and spread to the circumference. The chronic are usually constitutional,

and begin in the circumference, that is, in the bone, and spread later towards the centre of the joint.

No one who has had experience can belittle the effects he has had from Stramonium in quieting the night pains; no one can belittle the effects he has secured from Belladonna and Mercurius; no one can belittle the effects he has seen produced by Hepar, Hecla lava and Silicea in the third stage. — J. H. McC.

What we call white swelling has been found to be tuberculosis of the joint.

I have the records of sixteen cases operated upon by homœopathic surgeons. I had one death in my lot, and there was one other death; two deaths in sixteen patients. — S. B. P.

When the pain is manifest upon the inside of the thigh and the interior of the knee-joint, the inflammation is at the base of the cotyloid cavity, and involves the ligamentum teres. The nerve filaments which supply the capsules of the ligamentum teres are from the accessory branch of the obturator, and this supplies the internal part of the knee and knee-cap.

In the same manner, when the anterior portion of the capsules and synovial membrane are involved, the pain is distributed along the outer portion of the thigh and to the outside of the knee, as branches of the same nerve supply both localities.

When the inflammation is located in the posterior of the hip-joint, the pain is in the popliteal space and along the calf of the leg, due to the distribution of the sciatic nerve. — G. A. H.

(To be Continued.)

OTHER DAYS.—At the time the Medical Congress met in Washington, the correspondent of Louisville, Kentucky, *Courier Journal*, in that city, wrote a two-column letter advancing the claims of homœopathy, giving a sketch of the life of Hahnemann, and some interesting facts. We quote: "It is not generally known that Lincoln and his entire Cabinet were homœopaths. Payne, on the night when he went to assassinate Seward, on the night when Wilkes Booth shot Abraham Lincoln, carried in his hand a little package that he claimed Dr. Verdi, then and now a homœopathic physician, had sent him with to give to Mr. Seward, and by this means gained the opportunity to do his ghastly work." Among the names of those who are treated by homœopathy, given by this correspondent, we notice those of General McClellan, Chief Justice Waite, James G. Blaine, Jefferson Davis, and many others of present or past fame. — *Recorder*.

ORIGINAL ARTICLES.

I.

HAY FEVER;

RHINITIS VASO-MOTORIA PERIODICA.*

By E. LIPPINCOTT, M.D.

MEMPHIS, TENN.

Synonyms.—Asthma *Æstivum* (Summer Asthma); Chortasthma; Grass Asthma; Hay Asthma; Pollen Asthma; Rye Asthma; Asthmatic Bronchitis; Summer Bronchitis; August Catarrh; Autumnal Catarrh; Bostock's Catarrh; June Catarrh; Nervous Catarrh; Pollen Catarrh; Rose Catarrh; Spasmodic Catarrh; Catarrhus *Æstivus* (Summer Catarrh); Hay Cold; June Cold; Peach Cold; Rose Cold; Yearly Cold; Gouty Coryza; Idiosyncratic Coryza; Paroxysmal Coryza; Dust Fever; Pollen Fever; Ragweed Fever; Rose Fever; Summer Fever; Sun Fever; Glanderoid; Asthmatic Influenza; Pollen Poisoning; Periodic Rhinitis; Rhinitis Sympathetica; Rhinitis Vaso-motoria; Coryza Vaso-motoria Periodica. French—*Asthma d'été*. German—*Roggen Asthma*; *Fruhsommerkatarrh*.

These numerous synonyms are objectionable, for they are misleading as to cause, time of onset, course and nature of the disease, having been intended, obviously, by their various authors, to indicate either the name of the writer who first described the disease, the time or supposed cause of its appearance, the parts affected, the pathology, mode of manifestation, or resemblance to other diseases.

The terms "Hay Fever" and "Hay Asthma" are indisputably misnomers, in that they express neither the nature nor the cause of the disease. While pollen from hay, in common with other kinds of pollen, as well as dust, odors, fumes, gases, heat, light, etc., may be the exciting cause of the disease, yet many people suffer from attacks into which neither *hay* nor *fever* enter as a factor, either causative or symptomatic. But the terms have become so firmly fixed in the popular mind, and so thoroughly incorporated into the medical literature of the day, that, for convenience of expression, I shall hereafter use them in their conventional sense.

My object in presenting the term *Rhinitis Vaso-motoria Periodica*, as being the most appropriate, is not to involve the absurdity of associating a

disease with an impossible cause, but to define the seat of the lesion, and to demonstrate that the affection depends upon engorgement and hyperæsthesia of the nasal mucous membrane, with which are associated certain reflex nervous phenomena.

Definition.—Hay fever, so-called, is an annually recurring affection which involves the mucous membranes of the ocular, aural and respiratory tracts, depending upon engorgement and hyperæsthesia of the nasal mucous membrane, and accompanied by the following symptoms:—Periodic and spasmodic attacks of acute rhinitis, rhinorrhœa, itching and irritation of the nose, eyes, ears, mouth, pharynx, larynx, and bronchi; mild or violent attacks of sneezing; copious, watery discharge from the nares, either bland, or of an acrid, salty taste, excoriating the nose and upper lip; redness and swelling of the nares; swelling of the submucous tissue of the nares, with more or less occlusion and sometimes epistaxis; lachrymation, redness and suffusion of the eyes; swelling of the submucous tissue and consequent stenosis of the lachrymal canals and nasal ducts; photophobia; conjunctivitis; sometimes, but rarely, œdema of the eyelids; chilliness; aching; slight febrile disturbance in some cases; pressure and heaviness in the frontal sinuses and forehead, or headache; neuralgia; flushed face; hacking, deep, hollow or wheezing cough; sleeplessness; loss of appetite; sensitiveness to cold air, change of temperature, drafts, sunlight, heat, pollen, dust, smoke, odors, fumes, perfumes, and other external impressions or irritants; in some instances papular eruption over the extremities; burning sensation in the bronchi and lungs; bronchial irritation or bronchial catarrh; tightness of chest; difficult and wheezy breathing with prolonged expiration, and other asthmatic symptoms; more or less cough, followed, at the close of the attack, by expectoration, the advent of the cough being generally accompanied by asthmatic symptoms of more or less severity; greater or less impairment of the senses of taste and smell, together with general discomfort and such a degree of physical and mental depression as to render the sufferer unfit for physical or mental effort; the attacks recurring annually with almost minute exactness in point of time, lasting four to eight weeks, and occurring in most cases throughout the remaining years of life, leaving little or no trace of its presence either in local lesion or systemic disturbance. The spells of sneezing or cough, with many of the other symptoms and conditions, are spasmodic, and

appear or are aggravated at certain hours of the day or night.*

Varieties.—There are two varieties of this affection, known as "Rose Cold," or "June Catarrh," and "Hay Fever," or "Autumnal Catarrh," both of which to a greater or less degree, simulate catarrh and asthma in their manifestations. The first variety occurs in this country, as regards time, from the last week in April, to June, and corresponds with the "Hay Fever" of Europe in time of development, but not in severity of attack, the "Hay Fever" of Europe being more severe. In rose cold we rarely have asthmatic complications, but they are of frequent occurrence in the autumnal variety. Rose cold disappears spontaneously in June or July in some cases; in others it continues later, or until the appearance of frost, with only an occasional sneeze or succession of sneezes, or with the usual hay-fever symptoms and conditions, with the exception that it is generally in a milder form than that which characterizes the autumnal variety. The hay fever of Europe usually occurs about May 25th, and rarely continues later than July. The second or autumnal variety appears from July to September—generally from August 10th to September 10th—in America. The difference in the character and severity of the attacks, and time of appearance of the two varieties, is due to the season of the year in which the exciting causes operate or exist, the kind and character of the irritants, the character of, as well as the greater or less extent of the abnormal condition of the nasal cavities—which is the prime cause—the varied susceptibility and the latitude and altitude of the residence of its victims. Dr. M. Hyman, of Boston, doubts the essential identity of the two varieties, for the reason that the same exciting causes are not equally operative, and also because relief is afforded from the rose cold by a resort to the sea shore; while the subject of the autumnal variety must resort elsewhere. He grants, however, that the objective phenomena are essentially alike, differing only in severity, and admits that the rose cold often seems to lead to the later one eventually, only yielding its victims when the severer form is developed.

Although vegetation is earlier in the South

*A young lady whom I treated for rose cold June, 1885, had periodical sneezing spells at midnight that lasted an hour, with a return of the same in the morning on rising, of shorter duration and less severity. With the hay-fever patient it appears on any day, much like the "Lancashire Folklore" Sunday sneeze:

"Sneeze on Sunday, your safety seek,
"The Devil will have you the whole of the week."

than in the North, the autumnal variety appears earlier in the North than in the South. It appears in Colorado, Minnesota, Wisconsin, Iowa, Michigan, Northern New York, Vermont, New Hampshire, Maine and Massachusetts, from the last week in July to August 5th; in Connecticut, and New York, August 10th; in Pennsylvania, New Jersey, Ohio, Indiana, Illinois, Missouri and Kansas, August 15th; in Delaware, Maryland, Virginia and Kentucky, August 20th; in North Carolina, South Carolina, Tennessee and Arkansas, August 25th; in Georgia and Northern Mississippi, August 28th to September 1st; in Florida, Alabama, Mississippi, Louisiana and Texas, September 5th to 10th; continuing in the majority of cases until frost or cold weather checks the inflorescence of plants and maturing vegetation.

The autumnal variety appears in two forms, the catarrhal, so-called, and the asthmatic, the catarrhal often lapsing into or being accompanied by the asthmatic.

Each form is made up of three stages: first, the stage of development; second, the paroxysmal stage; third, the stage of convalescence. The catarrhal form appears as heretofore described under the definition of hay fever, the symptoms varying in different individuals. The asthmatic form is, in addition, constantly accompanied by more or less dyspnoea and laryngo-bronchial catarrh. Its asthma is peculiar, in that it generally occurs most frequently during the day, at least more frequently than in other forms of asthma, and varies from slight dyspnoea and moderate cough, to an intense and distressing dyspnoea and severe bronchial cough. The hay-fever victims of America, who are subject to the autumnal variety, have immunity from the disease in Europe, at the time they would be affected here. It is claimed by Sajous and a few other writers that "the affection presents itself twice in the year, in some individuals, while in others it either occurs in May or June, or during the last two weeks of August, or early in September." I have never known of a patient who had two attacks in one year. This affection is very rare among young children. Sir Morell Mackenzie, and one or two other writers, claim to have seen it as early as the second year of childhood. Were not this statement made by men of acknowledged ability there would be reason to doubt the correctness of the diagnosis.

Geographical Distribution.—In this country the boundaries of the variety denominated "Rose Cold" have not been defined, but I have never met with it except in the Southern States,

Hay fever is found almost everywhere, except in very cold countries, in elevated regions, and, in some instances, on islands. Dr. M. Hyman's statements with reference to the geographical distribution of the disease in this country, are incorrect. He believes that the autumnal variety does not extend south of the Ohio River, north of the great lakes, or west of the Mississippi River. He claims that certain portions of the country intervening are also exempted, as follows: A section lying north and east, adjacent to the White Mountains; also that portion of the state of New York north of Lake George, and extending west nearly to Ogdensburg, and the southern tier of counties from the Catskills, west to the state line; again, that portion of the Alleghany mountains south of the head waters of the Juniata River, to Covington, Kentucky. He believes these boundaries to be approximately true, varying with the season. The extension of the disease beyond these limits, northward, is only observed in seasons of unusual and protracted heat. In the summer of 1874 the autumnal variety reached northward beyond Mackinac (its usual boundary), even to the northern shores of Lake Superior, a region never before visited by this disease. It exists in Europe generally, but it is by far most common in England, where the annual number of cases is supposed to be double that of any other country.

I.

SYSTEMATIC CHEMICAL EXAMINATION OF URINE FOR CLINICAL PURPOSES.*

By PROF. CLIFFORD MITCHELL, A. B., M.D.
CHICAGO.

IT is assumed in this article that the reader is in possession of some manual of urinary analysis, such as the author's "Practitioner's Guide," and that condensation in statement will therefore neither create confusion, nor occasion difficulty.

In the first place, keep in view the data presented by the following tables, I. and II.:

TABLE I.

CONSTITUENTS OF NORMAL URINE.

Constituent.	Average amount in 24 hours.
Water.....	40 to 50 fluid ounces, or 1,200 to 1,500 C. c.;
Urea.....	308.6 to 617.2 grains, or 20 to 40 grams;
Uric acid.....	6.17 to 12.34 grains, or 0.4 to 0.8 gram;
Kreatinine.....	7.7 to 20 grains, or 0.5 to 1.3 gram;
Hippuric acid.....	7.7 to 15.4 grains, or 0.5 to 1 gram;
Chlorides.....	154.3 to 246.8 grains, or 10 to 16 grams;
Earthy phosphates	15.43 to 23.14 grains, or 1 to 1.5 gram;
Alkaline phosphates	30.86 to 61.72 grains, or 2 to 4 grams;
Sulphates....	46.29 to 61.72 grains, or 3 to 5 grams.

* Copyright applied for.

TABLE II.

PHYSICAL CHARACTERISTICS OF NORMAL URINE.

- Quantity in 24 hours:
Average, 48 fluid ounces; 3 pints; 1500 Cubic centimetres.
Possible normal range: Men, 30-60 fluid ounces; Children, 17 to 50 fl. oz.; Women, 26 to 45 fl. oz.
- Color:
Yellow to amber; after drinking, pale; on rising, dark amber. In young children, but little color.
- Specific gravity:
Of the 24 hours' urine, 1015 to 1025; after a full meal, high as 1030; on rising, 1015 to 1025.
- Solids:
70 grams, or 1080 grains, in 24 hours.
- Reaction:
Of the 24 hours' urine, slightly acid; after drinking, neutral; after full meal, neutral or slightly alkaline.
- Odor:
Of the 24 hours' urine faintly aromatic.
- Transparency:
Usually clear when freshly voided; faintly visible cloud after standing a few hours; sometimes partially opaque when first voided, but later clear, above, with flocculent mass beneath;* sometimes turbid on cooling.†
- Consistence:
Perfectly fluid like water.

TABLE III.

HOW TO EXAMINE URINE AS TO CHEMICAL AND PHYSICAL CHARACTERS.

- | <i>Characteristic.</i> | <i>Method of Examination.</i> |
|--|-------------------------------|
| 1. Quantity in 24 hours: | |
| Cause patient to collect all urine voided in 24 hours, beginning and ending with an empty bladder. Measure in cubic centimetres or fluid ounces and compare results with TABLE II, 1 (Quantity). | |
| 2. Color: | |
| Let ten or fifteen fluid ounces of the 24 hours' urine settle, and note color of the urine in the middle and upper parts of the glass; or filter and note color of filtered urine. If colorless to straw yellow, it is <i>pale</i> ; if yellow to amber, is <i>normal</i> ; if reddish-yellow to brown, is <i>highly colored</i> . Note any unusual color, as green, dirty blue, blood-red, intense yellow, brown or black. | |
| 3. Specific gravity: | |
| Take the specific gravity of the 24 hours' sample with a good urinometer, standardized for a temperature of 77° F., and use a fluted glass jar; read the figure on the scale from <i>above</i> the fluid. | |
| 4. Total amount of solids: | |
| Estimate the quantity of solids from the specific gravity: multiply the last two figures of the sp. gr. by Hæser's coefficient, 2.33, and the product will be approximately the number of grams of solid matters in every 1,000 C. c. of the urine; multiply this product by 15½ and the new product will be the number of grains in every 33.8 fluid ounces of urine. [Another and more rapid method is to measure the quantity of urine of 24 hours in fluid ounces and multiply the number found by the last two figures of the sp. gr. The product represents approximately the number of grains of solids in the whole urine of 24 hours.] Consult TABLE II., 4 (Solids). | |
| 5. Reaction: | |
| The urine being in a beaker or vessel with a wide mouth, dip into it a piece of neutral litmus | |

* A slight sediment of earthy phosphates, cleared by a few drops of nitric acid, can hardly be regarded as abnormal.

† Caused by deposition of urates, which clear on application of heat.

paper. Hold the paper in the urine until it is saturated; if it turns red, the urine is said to be acid; if it turns blue, alkaline; if it does not change color, it is neutral. In case the neutral litmus paper cannot be obtained, the ordinary red and blue papers may be used. Dip into the urine a slip of red litmus paper, and also, using the other hand, a slip of blue. Hold the papers in the urine until they are saturated; if the blue paper is reddened, the urine is acid; if neither is changed in color, it is neutral.

If the urine is found to be alkaline, allow the litmus paper used to dry, and notice whether the blue color remains, or whether the red has returned. If the blue color remains, the urine is alkaline from *fixed* alkali; if the red returns, the urine is alkaline from *volatile* alkali.

If a piece of bright blue litmus paper is very quickly turned a marked red in *freshly voided urine* there is hyper-acidity of the urine.

6. Odor:

Notice whether the odor be (1) normal (faintly aromatic), (2) strongly urinous, as in that of fevers, or (3) fetid and ammoniacal, as in stale urine.

7. Transparency:

Notice whether the urine deposits a sediment on standing. If the sediment is plainly visible the urine is abnormal except perhaps in cases of females, and possibly, when the deposit consists of earthy phosphates or urates. (See TABLE II., 7, foot note.)

A slight turbidity or "mucus cloud," barely perceptible, is noticed in all normal urine on standing for a short time; after the urine has been voided for some hours a turbidity may normally be present.

The urine of children four or five days old is somewhat turbid.

The turbidity seen in urine is due to the presence of substances, which the water of the urine cannot dissolve nor keep dissolved, and which, after long standing, form what is known as a sediment, that is, "something which settles to the bottom."

Urine which is transparent is not necessarily normal. Urine which is very turbid when freshly voided is abnormal.

8. Consistency:

Observe whether the urine is (a) perfectly fluid like water, readily flowing through a tube of very small diameter and dropping easily from it, in which case its consistence is normal; or, whether (b) it is thick, "ropy," and viscid; or, (c) creamy, forming a jelly-like mass after being voided.

Notice whether the froth on the surface of the urine is (a) temporary, in which case it is normal, or (b) permanent.

ALCOHOL IN DIPHTHERIA.

[ONE of the editors of the *New York Medical Times* claims to have had extraordinary success in the treatment of malignant diphtheria by the exclusive use of Alcohol.

We give below a description of his method of treatment, and earnestly recommend the readers of THE MEDICAL ERA to give it a fair trial in their practice. We invite those who test the treatment to keep a careful record of results, and send them for publication in our columns.]

We have been using pure Alcohol (95 per cent) diluted in equal parts of water, giving one teaspoonful of the mixture every hour or two, according to the severity of the attack, and duration of the disease previous to the treatment. The pure Alcohol is preferable to Whisky or Rum for the reason that one cannot always be certain as to the *quality* of either of the last-named articles. Alcohol in such small doses being a food as well as a medicine — never a stimulant or an excitant of the pulse, but always a sedative, becalming the pulse — there need be no hurry as to the administration of other nutriment. Indeed, it is idle to force other nourishment on these cases. And as the poison is gradually and effectively neutralized or destroyed in the blood as well as in the throat by the remedy, one has nothing to fear from sudden collapse, or blood stasis, which so often occurs under other forms of treatment.

It is interesting to note that Alcohol diluted as above stated, though about the strength of ordinary Whisky, at first causes no burning of the diphtheritic fauces or the mouth. In severe cases of diphtheria it causes no more irritation of the throat than water — until the fungoid exudation is dissolved away. When this effect has been produced, usually after the lapse of from twenty-four to forty-eight hours, the alcoholic mixture may be reduced by the addition of another part of water, and sufficient Glycerine added to render it palatable, especially in cases of children.

Other methods of using Alcohol in this grave disease may sometimes become necessary, for not infrequently the disease has advanced to a condition of positive blood-poisoning ere the physician is called. In such cases we resort to the alcoholic bath. Where collapse is imminent we wrap the patient in woolen cloths wrung out of hot Alcohol and water (equal parts), changing or renewing them frequently. If swallowing is impeded or impossible, we give hypodermics of either pure Alcohol or Brandy, as may seem most expedient, in thirty minim doses, repeated every hour or two. If anyone doubts the beneficent influence of Alcohol in these cases of blood disease, a little experience with it will suffice to assure him.

It is interesting to note with what facility the Alcohol dissolves [!] the diphtheritic exudation in the throat, lowers the temperature and becalms the pulse, showing its destructive action upon the germs of the disease which have been absorbed by the glands and gained access to the blood. This remedy has been used by us in the treatment of diphtheria since 1873, during which time no case of the disease has slipped through our hands except in one solitary instance, and that case was in *articulo mortis* before the remedy was given. The remedy is also prophylactic to the disease, as we have found in many instances where it has not been expedient to quarantine the patient. For this purpose it is only necessary for exposed persons

to use the remedy, diluted as above stated, as a gargle, and to swallow a little of it three or four times a day. The ease with which the remedy may be prepared and administered to children of all ages is a point of no mean advantage over the painful and often clumsy methods of the old school.

[We shall expect reports from all who try this method.—ED. ERA.]

REPORT ON AN EPIDEMIC OF DIPHTHERIA.

By W. H. BANTON, M.D.

CEDAR FALLS, IOWA.

DURING the last eight months diphtheritic croup has been almost epidemic in the town. There would be intervals of four to six weeks between the outbreaks. Mild cases of pharyngeal diphtheria have accompanied the trouble, but none, to my knowledge, have been fatal that were uncomplicated with croup. I can give no suggestion as to the origin of the disease. It was not particularly contagious. Usually one or two in a family suffered. When called to a case would find some membrane on the tonsils, slight fever, and occasional croupy cough. Within twenty-four hours breathing would be difficult, with spell of almost total suffocation. Patient would live from one to five days. The oldest that I know of dying was a boy of 14 years; the youngest, five months. The majority were under five years. I had two young women aged 18 and 20 recover from what started out to be severe cases. Both occurred in families where children have died from the disease. These patients coughed the membrane up, and it did not re-form. They suffered loss of voice for two weeks following. In patients under seven years of age recoveries were rare, possibly ten per cent, and this in mild cases. No severe cases recovered, no matter what course of treatment was pursued.

The treatment will be of most interest. Steaming with Chlorinated lime-water, Iodine, Bromine, etc. Sprays of solution of Chlorine, Iodine, Corrosive sublimate, and Eucalyptol; burning of tar, turpentine, and sulphur in the room; hot and cold applications to the neck; occasional vomiting. There were cases enough to give all these methods a thorough trial. Absolutely no benefit resulted. The remedies used in cases that recovered were either Merc. biniodide, 2x or Merc. cor. 2x, two-grain powders every hour till physiological effects were obtained; also five to ten drops of Phytolacca tinct. every two hours. All the Whisky was given that patients would take. About all the other remedies used in croup were given a thorough trial. Tracheoto-

my was performed in a four-year-old girl. She lived three days, the membrane extending to the bronchial tubes. Again, in a two year-old boy, the operation added eighteen hours to his life. Artificial respiration was kept up for five minutes after the tube was inserted; died of exhaustion. I could not get permission to operate in any more cases, and then resorted to intubation. This was tried in seven cases. Relief was immediate. All died from extension of the membrane to the lower trachea and bronchial tubes. In two cases the membrane loosened and came out in one piece three to five inches long. The tube came up inside the membrane. In the course of twelve hours breathing would again become difficult and the tube would not relieve, showing that the membrane had formed lower down. I used Waxham's intubation set. His tubes have an artificial epiglottis of rubber. This made the patients cough, and interfered with removing the intubator, the sliding jaws of the instrument catching over the rubber. I removed the epiglottis, and to protect the tube from falling into the trachea, I left the fine silk thread attached and fastened it to the cheek with adhesive plaster. This worked very satisfactorily. I have much confidence in intubation for sporadic cases of croup, but when the disease becomes malignant enough to attack adults I have no faith in saving children with anything.

ON THE ADMINISTRATION OF ANÆSTHETICS.

By M. J. BLIEM, M.D.

CHICAGO.

EVERY day we meet patients who exhibit the utmost dread of undergoing anæsthesia.

In fact, to most people this fear is of far more concern than the operation itself.

In dealing with these cases the administrator has need to exercise the greatest tact and skill. Aside from the natural aversion to being made artificially unconscious, this dread arises largely from alarming and unpleasant experiences previously undergone either by the patients themselves, or by their friends. Indeed, so unfortunate have these experiences often proved, that the victims have been told that it would never again be safe for them to take an anæsthetic. Having dealt with many such patients, I have become firmly convinced that the trouble is chiefly due, not to any natural idiosyncrasy, but to the manner in which anæsthesia is accomplished.

I consider giving anæsthetics an art, as well as a science. The administrator must be a man of quick observation, and keenly alive to the

responsibilities of his duties. In dealing with the timid and nervous, a bearing of perfect confidence in his skill, and gentleness in persuasion, will go far to reassure and calm the patient. He must never scold or try to force; he will only terrify the more. If he can but gain the complete trust of his patient before he begins, the battle is half won. A short previous acquaintance is of advantage. I think it cruel to introduce an entire stranger to a nervous patient and have him proceed with his business. If this element of fear be not exorcised in the beginning, it will often manifest itself through the whole period, and make the subject much less susceptible to the anæsthetic.

The method of procedure is of the greatest importance. As a rule people do not dread chloroform *per se*, for it acts quickly and pleasantly; they are mainly concerned for their hearts. This nervous apprehension often causes rapid, tumultuous action of the heart and even intermissions. Do not think that because you find no organic trouble there is no danger. This class of cases requires the most skilful application of mental influence, and very gradual and continuous administration of the anæsthetic. When anæsthesia is once produced the heart steadies down and behaves very well.

Ether, the anæsthetic most commonly used in this country, is, unlike chloroform, safer, but extremely disagreeable to most people, both from its odor and from the sensations it produces. Here, then, the method pursued may make much difference to the patient's comfort of mind and body.

Many and wonderful are the cones devised to facilitate the administration of ether. But I would discard them all. I prefer a clean, moderately heavy towel folded into a cone and held by a single large shield-pin. How much more agreeable for each patient to have his own than to force upon his sensitive nostrils a contrivance black with age, saturated with old ether fumes, and perhaps many times soiled by others' vomit!

I am strongly in favor of beginning the administration of ether, or the mixtures often used, *gradually*. I cannot conceive of anything more cruel and even unsafe, than the so-called "choking plan" of many authorities—the plan of at once excluding all air. True, they boast of producing anæsthesia in from one to two minutes, which, of course, is a matter of far more importance to the "busy doctor" than the comfort and safety of his patient. It is the horrible fright of this choking sensation that ever after

haunts the victim like a cruel nightmare, and completely unnerves him when confronted by a repetition.

With extremely nervous patients it is often necessary to hold the cone so far away as to give them only a faint inhalation. Gradually bring it nearer, gently encouraging and calming the patient, until in a short time he is taking free inhalations and has had no choking sensations. Thus the sensitive lining of the air-passages becomes gradually accustomed to the foreign vapor. Should there be any complaint, admit a little air, and then gradually depress the cone again. This plan, it is true, takes more time, but you will win the gratitude of your patient. Let us be humane, and make the dreadful ordeal of a surgical operation as easy as possible for our patients, in all respects.

Full anæsthesia having been produced, it is now the administrator's duty to continue this condition with the *least possible amount*, and here, no doubt, lies the cause of many alarming experiences. He becomes interested in the operation, and before he is aware of it the subject is in profound narcosis—dangerously near the border-land of death. Many cases, it would seem, from my observation, are kept in a state of *asphyxia* rather than that of *anæsthesia*—the result of poor science and poorer skill. If during the operation the administrator will only attend to his own business, those wild alarms will rarely occur when surgeon and assistants drop their work and fiercely pull out the tongue, inject hypodermics and perform artificial respiration, until the patient once more gets all the oxygen he needs, or is beyond recall.

Right here let me express my great satisfaction with Tait's mixture, used and recommended by Prof. E. H. Pratt, of ether two-thirds and chloroform one-third. There are but few cases where the mixture is contraindicated; it produces anæsthesia quickly, is not as a rule disagreeable to the patient, requires a very small quantity, is not so liable to produce nausea, and seems to act very safely. I generally pour over the inside apex of the cone enough to last until anæsthesia has set in. This occurs as a rule in about five minutes, by the gradual method, and the amount required is perhaps two or three drachms. There is rarely any choking, struggling, or excitement after that, anæsthesia is continued with a marvelously small quantity, and it is only occasionally necessary entirely to exclude the air.

The objection has been made that Tait's mixture is impracticable because the two are of different densities, and so will not mix. Practically this objection does not hold.

One word more concerning the reason why some patients take anæsthetics badly, under any method. Prof. Pratt's observations, as well as those of others who have investigated the matter, convince me that the tension of the sphincter ani muscles have a co-relation with the respiration. The same observation shows that faulty respiration under an anæsthetic is frequently due to spasm of the sphincters. The patient will do better if the muscles be moderately stretched with the speculum. By following the plan which I have here indicated the dangers and disagreeable features attending the administration of anæsthetics will be reduced to the minimum.

APOMORPHIA.

By E. M. HALE, M.D.
CHICAGO.

THIS alkaloid, prepared from Morphine, is a snow-white powder, is permanent when dry, but becomes green when moist. A solution turns green in a few hours, and finally black. It was once supposed that this change of color was attended by loss of its specific drug action, but recent experiments prove that it is not. It can be prepared in triturations or in Alcohol. It is soluble in Alcohol in the proportion of 1 part in 50, therefore the 1st centesimal can be used, and discs saturated with it, each disc containing 1-100 grain. The hydrochlorate is a salt from the alkaloid, and is generally preferred. One of the most remarkable and specific effects of this drug on man is the power to cause *sudden, painless vomiting*. As small a quantity as 1-20 grain injected under the skin, or taken into the stomach of an adult, will cause vomiting in five or ten minutes. The vomited matters do not as a rule contain bile; syncope often occurs. No systematic provings have been made, but Allen (Encyc. Mat. Med.) gives the symptoms of several cases, in which hypodermic injections caused vomiting, faintness, headache, palpitation of the heart, cold sweat, salivation, etc. No schema of its symptoms is given. It seems to contain all the emetic powers of Opium and its alkaloids. As to its methods of action:—the vomiting must be central, or cephalic, such as the vomiting from Opium is. This would narrow its therapeutic sphere to those cases of vomiting due to cerebral irritation, or from purely nervous (central) causes—possibly from the remote reflex irritation. It does not seem to derange the functions of the stomach for any length of time, as do Ipecac, Antimony, and other emetics. It has some similarity to Lobelia and Tobacco, and

possibly Pilocarpine. It does not destroy the appetite or injure digestion. Dr. Brown (*British Hom. Journal*) says he has used it successfully in those cases when the nausea and vomiting constitute the disease. The tongue is clean, the bowels regular, no headache, some appetite, no pain after eating, but a *sudden nausea after eating or drinking* may appear! He also uses it in sympathetic vomiting, from gall stones, uterine disease, or neuralgic headache. Dr. Cooper states that it caused immediate cessation of vomiting in a case when "tumors pressed on the brain." Apomorphine is said not to cause vomiting when the vagus is cut, or when the animal is chloroformed. In my "Therapeutics of New Remedies" I suggested that it would probably prove useful in sea sickness, or nausea and vomiting from riding on a railroad, or in a carriage. It has been found useful in such cases.

One of the most useful properties of this drug, is its power to cause sudden and complete emesis in case of poisoning, or to expel fermenting or noxious substances from the stomach. For this purpose inject hypodermatically, or give internally one-fifth or one-fourth of a grain. If it causes too great depression, give 1-100 grain of Glonoin, which will quickly restore the patient.

Apomorphia has been used successfully as an emetic in children with suffocative catarrh, when the patient seemed in imminent danger of strangulation. In young infants 1-25 or 1-50 grain is sufficient.

In capillary bronchitis according to Dr. Fliesburg (*Therapeutic Gazette* 1887, Page 657) is invaluable. He does not use it as an emetic, but as an expectorant. He gives a child one milligramme (1-60 grain) every one, two or three hours, (one or two grains of our 3x trit.) He says, "I have always found it to act very promptly, producing an easy expectoration of the thick, tenacious phlegm, which otherwise so often strangles or chokes the unfortunate little sufferer in his futile endeavors to rid himself of the sticky stuff. It produces a watery exudate in the bronchia and bronchioles, which again thins the tenacious phlegm. It also, by this transudation, bathes the inflamed surfaces with a non-irritating fluid." He thinks it reduces the hyperæmia of the lungs. It does not seem to occur to him that he is using a homœopathic remedy, yet certainly the extreme pathogenetic effects of Apomorphia would be to cause this kind of suffocating, mucous fluid, which would strangle the victim. In several cases of acute capillary bronchitis, in which I gave the 3x trit. in 2 gr. doses, it seemed to act much better

than Tartar emetic or Ipecac. In very bad cases where suffocation was imminent, I should not hesitate to give an emetic dose (1-20 gr.), giving Glonoin (1-200 gr.) at the same time.

Dr. Stocquart, of Brussels, has used Apomorphia hydrochlorate extensively in certain kinds of dry cough. The kind of cough in which it has proved most successful, he says, is a distressing and frequent hacking, with exceedingly difficult or with no expectoration. The improvement usually comes in a few days. He gives to an adult 1-20 grain during the day in small, frequent doses. I can verify his statement, for I have found no remedy that acts with greater satisfaction to my patients in just such coughs. I prefer to use the 2x dilution in Alcohol, saturating sugar discs or tablets, and giving one every hour or two.

For children under three years, the 3x acts efficiently.

UTERINE DISPLACEMENTS.

By J. W. STREETER, M.D.

CHICAGO.

[Reported by G. F. Roberts, from a lecture.]

IN a recent lecture on the treatment of uterine displacements, Prof. Streeter said:

Proper hygienic treatment is of vast importance. The clothing should be loose; the food, nourishing; exercise, as much as she can safely take. Remember that mental influences have their effect. When possible, regular hours of rest should be observed, and this rest should be in the best position, which is on her face, or semi-prone.

The genu-pectoral posture for five minutes when she is tired, will give her more rest than two or three hours in a rocking chair.

Rest at the menstrual period should be enjoined upon all women, especially girls when studying hard and going to school. If the blood which should go to the pelvis at regular intervals is called to other parts of the body, the womb will remain undersized, and the genitalia will lack their normal tone. All women would be benefited by remaining in bed, or assuming the recumbent posture most of the time, for four days at each menstrual period during sexual activity.

The bowels and bladder should be evacuated regularly. This is absolutely necessary in order to be healthy.

I do not believe any medicine will cure a displacement. Use mechanical measures. There is a pathological condition present which calls for a particular remedy, and you should prescribe for the totality of the symptoms.

The postural treatment is important. Teach the woman how to walk and sit.

After confinement the womb is in a condition to be easily molded. After the tenth day, if she will take the genu-pectoral position for fifteen minutes three times a day, the uterus will regain its normal tone and position, in spite of former displacement or anything else. Creeping is also good, and walking on the hands and feet is better than creeping on hands and knees.

As a rule it does not pay to take hot water injections except at the beginning of acute inflammation. For an ordinary injection a temperature of 98° or 100° is good. Never let a woman give herself a cold injection. This is the injection commonly used to prevent conception. Chronic metritis is the common result. Women forget that spermatozoa may be pickled, as well as chilled, to death. It would be far better for them to use acidulated warm water for this purpose.

An astringent injection is good after the womb is in proper position. Do not have it too strong.

Sitz baths do a great deal of good in pelvic congestions. They should be taken before going to bed, the water having a temperature of about 100°. When the cold bath is used for tonic purposes, which is rare, it should not last over thirty seconds.

Tampons may be used to help keep the womb in position, the vagina healthy, and as a vehicle for medicine. When used as medicine-carriers they should be small; when to keep womb in position, larger. The non-absorbent cotton makes a very good tampon, but I like the prepared wool better.

The tampon should be about one and one-half inches wide, four inches long and one-half, or two-thirds inches thick, quilted lengthwise through the center, with a string which should be left free at one end for six inches.

Among the most common of wet applications are Hydrastis, Calendula, solutions of Alum, Tannin or Borax, and Pinus Canadensis.

In many cases you will find that dry powder acts better. Powdered Iodiform, Alum, Boracic acid, or Quinine may be blown upon the cervix or the vaginal wall. After wiping out the vagina, take a tampon and saturate it with a 1:2000 bichloride solution, pass it into the posterior cul de sac, remove the speculum and then pull out the tampon. Now introduce speculum, dry the walls of the vagina, dust on powder or introduce powder on a tampon which should, in either case, extend the whole length of the vagina.

Emmet's repositor is the best instrument for replacing a retroverted uterus.

SELECTIONS.

The Dangers of Antifebrin and Antipyrin.

Two articles have recently appeared in the Hungarian medical journal, *Gyogyazat*, in which the profession is warned that Acetanilide, or Antifebrin, as it is called, though it is not without value, is an uncertain and indeed a dangerous antipyretic. Dr. Geza Dulackska finds, after giving the drug a prolonged trial in the hospital, that small doses may bring down fever, but that in some cases even three-grain doses produce violent sweats, prostration, and hemorrhage or cyanosis. It does not appear to him to exert any favorable action on the course of the disease itself.

Preputial Dilatation.

This operation may well take the place of circumcision, which is sometimes followed by serious hemorrhage, diphtheritic invasion of the wound, or partial gangrene.

Reserve circumcision for those cases alone (about one in three hundred) in which dilatation is impracticable. Use a two-bladed dilator instead of the three blades of Nelaton, introducing it and slowly expanding the orifice. The operation is finished by separating the adhesions with a grooved director, and is followed by daily massage, in which the gland is alternately exposed and covered.

Stricture of the Urethra Treated by Electrolysis.

Dr. Robert Newman publishes a synopsis of his second hundred cases, and gives the following advantages of the method: (1) Electrolysis is applicable to all strictures in any part of the urethra. (2) Electrolysis will pass and enlarge any stricture, when other instruments or the skill of surgeons fail, which I have often demonstrated. (3) It causes no pain or inconvenience. (4) It is devoid of danger. (5) It is not followed by hemorrhage, fever, or any other unpleasant consequences. (6) It relieves at once. (7) The patient is not detained from attending his daily work or business, and can earn his living while under treatment without restraint. (8) No relapse takes place. — *The Epitome*.

Dioscorine in Hepatic Colic.

A judge of one of our highest courts was reduced to the verge of the grave with frequent attacks of that excruciating malady, *hepatic colic*. He had the best medical advice that Georgia

could give; he vainly sought distant watering places and other physicians; he was a wreck, gave up his business and lost hope. He was advised to take the fluid extract of Wild Yam (Dioscorine) by some one, and never after did he have an attack. I do not mean that one dose cured him, but that from the beginning of its use dated the end of his trouble. . . . My success with the remedy in hepatic colic has been simply all that I expected, or desired. — *Atlanta Med. and Surg. Jour.*, — *Hom. Record*.

Researches on Electrical Phenomena of Cerebral Gray Matter.

1. Electrical currents are present in the gray matter of the convolutions.

2. These currents are increased during the arrest of functional activity caused by anæsthetics or death. After death the current diminishes and disappears.

3. In regions of the brain related to a special function negative variation appears to take place during functional activity.

4. The occurrence of negative variation in an area of the brain assumed to be related to a special act at the moment of the performance of the act, affords further evidence of localization.

5. These experiments afford some evidence that areas of brain related to movements of special muscles are also related to some form of sensibility in the skin adjacent to those muscles. — *Med. Record*.

Operations for Cancer.

1. Any operation for cancer which does not completely remove the disease will be followed by recurrence.

2. During life the limit of cancerous disease originating in any part of the uterus cannot be known; hence no operative procedure can guarantee complete removal.

3. In view of this fact, no operation is justifiable which greatly endangers life, provided other and safer methods are available.

4. Vaginal hysterectomy is more dangerous, in a certain sense, than the disease against which it is used; that is, a given number of patients afflicted with uterine cancer will live longer without than with the operation.

5. Other methods of treatment, attended by not more than one-sixth to one-fourth the mortality of vaginal hysterectomy, are equally efficient in ameliorating the symptoms and retarding the progress of the trouble, and they have been fol-

lowed by as seemingly good results as regards recurrence. Hence they should be preferred.

6. Vaginal hysterectomy does not avert or lessen suffering; it destroys, and does not save life. It is, therefore, not an useful but an injurious operation, and as such is unjustifiable.

A New Method of Treating the Vegetable Parasitic Diseases of the Skin.

First, the parasiticide must be applied so as to reach the bottom of the hair-follicles in favus, ringworm of the scalp, and barber's itch. The reader proposed to apply the medicament to the diseased part and place over it the positive pole of an electric battery, and the negative upon some other part of the body, and induce the penetration of the solution to the deeper parts by a well-known law of electric physics. He uses a battery composed of a large number of small cells, such as is used for the removal of hairs. The strength of the current must vary with the sensitiveness of the parts — five to fifteen cells, according to the feelings of the patient. Where there is much hyperæmia the current must be weakened. Cocaine, applied in this way, produces anæsthesia of the whole scalp. The surface is first to be thoroughly cleansed. Then saturate the sponge of the positive electrode with the parasiticide solution and place over the diseased patch, and the most negative sponge over the skin of some other part of the body. A one per cent solution of the bichloride was the parasiticide employed in the cases reported. He had only had an opportunity to thus treat three cases, but all have been so successful as to give him great confidence in its usefulness. — *Dr. Reynolds.*

Placenta Prævia.

I was summoned in haste one night to a stout German primipara. I was at her bedside in less than five minutes after the messenger had left it. The blood had already saturated the bed, made a pool under it, and flowed across the room. It was still pouring from the vagina, when introducing the whole hand, I found the os about the size of a half-dollar, with the presenting placenta so firmly adherent all around that it could nowhere be detached, and too thick and firm to be penetrated by the finger. So, to check the hemorrhage, I closely applied the palm over the os (with the fingers in the posterior cul-de-sac, as the patient lay supine), while the external hand over the fœtal breech strongly held the head against the placenta, the lowest part of which was thus firmly compressed. Hemorrhage was impossible, and not another ounce of blood

was lost until, after four fatiguing hours of this steady pressure, the os had so far dilated as to allow one edge of the placenta to slip out, forced down by the head, which now of itself compressed the attached portion against the pelvic wall. Delivery was spontaneous and speedy; and the large, thick after-birth showed near its center a circle some four inches in diameter much thinned and completely blanched. Both mother and child did well. — *Therapeutic Gazette.*

Chronic Pyæmia of Dental Origin.

The history of the case is as follows: The patient, male, good constitution and habits, suffered for the last thirty years from neuralgia, besides having constantly recurring furuncles and eruptions in various parts of the body, which would often for months become running abscesses. He experienced burning and itching eruptions of hands and feet, which would finally change to stubborn ulcerations. His bowels were either stubbornly constipated or exhaustingly loose. He suffered from frequent rigors and febrile attacks of varying intensity, profuse night-sweats, retention of urine, serious constriction of the bowels and urethra. Lancinating pains darted from the maxilla of right side to bowels, bladder, limbs, hands and feet, or to whatever part was locally affected at the time. This latter peculiarity, together with the discovery of a little pus exuding from the locality of the wisdom-tooth, led to a final correct diagnosis of his case.

The tooth referred to was extracted, and a speedy and complete recovery followed. As other sources leading to pyæmia, and having their starting-point in the oral cavity, may be mentioned pyorrhœa alveolaris, alveolar abscess, abscess of the antrum, and dental caries.

The doctor related ten other cases similar to the above, which all yielded to the simple remedy of removing the offending tooth. — *Dr. Porre.*

Uterine Hemorrhage.

Suppose a woman about fifty years of age, who has borne children, comes to you with the statement that at the age of forty-five the menses ceased, and that she had no discharge of blood from the vagina from that time until six months ago, when she again began to lose blood: what would you suspect? You should suspect cancer of the cervix. Why? Because as a result of her labors a laceration of the cervix has probably happened, and carcinoma has developed in the cleft of the tear. I will venture to say that in ninety-five out of a hundred cases this diagnosis would be correct.

Suppose, however, that a woman, also about fifty years old, has not borne children, and that the menses have not ceased, but have continued and increased in quantity: what then should pass through your mind? You should infer that the hemorrhage was probably due to one of two factors — either to a fibroid tumor, which is the more common, or to a polypus. The fact that she has not borne children would tend to eliminate the suspicion of carcinoma; for it is exceedingly rare to find cancer of the neck of the uterus in sterile women. I have, however, seen this in two instances, one of which, however, tends to strengthen the rule. This was the case of a lady about sixty years of age, who had a large fibroid tumor of the womb, which in the process of enucleation had forced open the os to the size of a silver dollar, and was protruding from it. I wrenched the tumor off and removed it. Cancer subsequently developed in the cervix, which had been injured by the long protrusion of the tumor. The second exception came to my notice a few months ago. It was that of a married lady who, I am sure, has never borne a child. She had a cancer of the neck of the womb, from which she died. Carcinoma will sometimes attack the fundus of the uterus in the sterile, but this is also very rare. — *Dr. Goodell, in Va. Med. Month. — The Epitome.*

Pyæmia.

With Gussenbauer, I will define pyæmia as a general infective disease, the result of the introduction into the blood of the products of septic pus; differing from other infectious diseases by the presence of multiple foci of inflammation and suppuration, and attended by an intermittent form of fever.

The first reliable investigation into the nature of the disease was made by Koch, who not only studied the form and natural history of the germs, but produced pyæmia artificially.

We shall take it for granted that in every case of pyæmia we are dealing with the presence of the essential germs (the *Streptococcus* and the *Staphylococcus*), which produce at first a local suppuration, and secondly, when the disease becomes general, implicate the veins. Phlebitis in connection with pyæmia signifies always the production of a thrombus at the point of inflammation, and its subsequent dissemination by embolism. The *infection-atrium*, or route by which the pus-microbes gain entrance into the system, is usually through a wound — a loss of surface continuity somewhere which may not be detected or recognized in every instance, as in some cases of septicæmia, for the primary wound may have healed before pyæmia has occurred.

A thrombus starting in a small vein in the immediate vicinity of an infected wound, by its growth in a central direction, gradually invades larger vessels, and when such is the case the projecting portion into the free lumen of an adjacent larger vein may become detached by the blood-current, and after passing through the right side of the heart is arrested in the pulmonary artery, where it causes a sudden ischæmia of the lungs and death from asphyxia. The formation of infarcts in the pulmonary artery is thus easily explained in pyæmia, but it is more difficult to account for the presence of emboli in more distant organs.

The question presents itself. How are we to explain the formation of metastatic deposits beyond the first filter, the lungs, in more distant parts of the body, as the liver, kidneys, pancreas, brain, and joints? It is impossible for the fragment of a thrombus of any considerable size to pass directly the pulmonary filter, as it is mechanically arrested in some of the branches of the pulmonary artery. The embolus under these circumstances becomes the nucleus for a new or secondary thrombus, which by extension through the pulmonary capillaries may reach directly the systemic circulation, where it serves as a new focus for the dissemination of the specific germs and furnishes the material for systemic embolism. The germs in this secondary thrombus have a more ready access into the general circulation, and by implantation upon the walls of the capillary vessels initiate a pathological condition, the same as I have described in the vessels at the primary infection-atrium. I have already informed you that these so-called metastatic abscesses are not true abscesses *ab initio*; their close resemblance to pus led Virchow to apply the term “puriform” transformation in contradistinction to “purulent.”

Modern research has come to our assistance in correctly interpreting the formation of pus in parts distant from the primary focus of suppuration. A secondary abscess can only occur after pus-microbes enter the circulation and have found favorable conditions for localization and reproduction in some distant part.

Whenever antiseptic surgery is practiced thoroughly and intelligently, pyæmia seldom if ever occurs. As the disease can only occur after suppuration has been established, it is evident that all measures calculated to prevent suppuration also prevent this disease, and where suppuration has occurred, rigid antiseptic treatment diminishes the danger of pyæmia. — *Dr. N. Senn, in Phil. Med. Times. — The Epitome.*

NEWS FROM THE COLLEGES.

Ann Arbor.

UNIVERSITY OF MICHIGAN.

Prof. Wood says that, in the second stage of labor, the application of cloths wrung out of hot water aid materially in the relaxation of the perineum.

He also recommends, for the same purpose, the application of Lobelia; using about one ounce of the fluid extract to one quart of water.

He advises the young practitioner to time himself, allowing the uterus to rest fifteen or twenty minutes after the second stage of labor, before bringing on the third stage; Crede's method, of course, being employed.

After delivery, if the pulse of your patient is over 100 do not leave her.

As a rule doctors leave their patients too soon anyway: remain one hour after a delivery and during the first half of that time keep one hand on the uterus.

The doctor is a warm advocate for the use of chloroform in labor to deaden pain.

Prof. Obetz says he would not expect to make a very good living by removing floating cartilages from the knee-joint by the use of medicines. He advises the subcutaneous excision operation for their removal.

In epistaxis, when it becomes necessary to plug the posterior nares, use a soft rubber catheter with which to draw the cord of the pledget through. Having passed the catheter into the anterior nares push it gently along the floor into the pharynx. Attach to it the cord and bring it forward.

In compound fractures where the end of the bone protrudes do not wantonly saw it off unless it is denuded of periosteum.

Teeth loosened by the kick of a horse may be left in position and will become solid again.

When, because of an injury, the jaws are bandaged together and the patient is fed through a tube, remember to cleanse thoroughly and often the cavity of the mouth to prevent suppurative processes.

The doctor is partial to the plaster-of-Paris dressing in treating fractures of all kinds. He says in cases of compound fracture mark the openings with pins which point outward and put on the plaster dressing, allowing each layer to be pierced by the pins while being put on, and cut out a piece around each pin afterward, leaving a hole for drainage purposes.

Dr. Vaughan says in all cases where you find œdema in a child examine the urine for evidences of acute parenchymatous nephritis.

If called to a severe case, no matter how severe, if the heart is still beating, begin your treatment by using a hot-water bath and wrapping the patient quickly in blankets.

The doctor has discovered, recently, the chemical poison of typhoid fever, and his experiments upon animals are the first in which have shown a decided rise of temperature.

Dr. Sterling says that an attempt to cure a case of purulent conjunctivitis with internal remedies alone is as criminal as to treat a case of post-partum hemorrhage in the same way.

He recommends the Nitrate of silver locally in strength proportioned to the severity of the case.

He thinks Argent. nit. as an internal remedy is indicated homœopathically more frequently than all others, in the above condition.

All kinds of conjunctivitis are contagious.

Prof. Arndt says: In acute hepatitis, Bryonia is undoubtedly the most often indicated and quickest acting remedy in the *materia medica*.

There is not a remedy able to furnish the "similimum" to intermittent fever with a typhoid tendency, that Bryonia does.

There is no excuse for alternating remedies, as commonly practiced. For instance, nobody but a dunce can be excused for not differentiating between Aconite and Belladonna, or Bryonia and Rhus. In vesicular erysipelas you would not think of employing Bryonia, but Rhus.

In great dryness of the mouth and throat (as often occurs in a typhoid condition for instance) under Rhus. you would have no relief from drinking; under Bry. you would have relief from drinking.

The doctor wants to file a protest against the common practice of calling every sore throat, which has the formation of a membrane, diphtheria. It is not only the cause of much uncalled-for anxiety on the part of the friends of the patients who are not suffering from a malignant or deadly disease, but it is the source of much indefiniteness, uncertainty and embarrassment to the profession.

True diphtheria is a fearful disease and calls for all the skill and care possible in order to cure it.

The study of *materia medica* and the application of remedies to disease calls for something more than the memorizing of certain lists of symptoms: It needs the use of strong common sense to explain the presence of such symptoms from the conditions present, and to select a remedy capable of producing such conditions.

The professor thinks *Cantharides* is the best antidote for poison ivy, using one drachm of the tincture to a pint of water, applying it locally. At the same time use *Cantharis* or *Belladonna* internally.

Chicago.

HAHNEMANN MEDICAL COLLEGE.

Prof. Hall says: Never be alarmed about the hemorrhage from a scalp wound; sew up and put on compresses is all that is necessary. In from 24 to 36 hours the wound will be united enough so that sutures may be removed.

Prof. Leavitt advises not to use chloroform until toward the latter part of the second stage of labor. He also advises the use of the soft-rubber catheter in all cases when possible, as it is not nearly so apt to do injury as the ordinary silver female catheter.

Prof. Hall says: For perineal band in dressing for fracture of the thigh, or anything of a similar nature, a piece of rubber hose, about one inch in diameter, stuffed with cotton, to prevent its bending too acutely, and covered with a thickness of muslin, is the best thing for the purpose.

Prof. Bailey says: In uterine displacement, instead of using a hard rubber pessary at first to hold the uterus in position, try a tampon of cotton smeared with cosmoline. Many times it will not be necessary to use anything else. But after faithful trial, if this does not do, a hard rubber pessary may be inserted. In explanation he said that many times if a hard rubber pessary had been used at first, the tender and inflamed parts would have rebelled, and many times serious results would follow.

Prof. Gee said, in lecturing on *Belladonna*, that many times almost immediate relief from ear-ache, particularly in children, is had by putting a few drops of a 2 gr. solution of this drug into the affected ear.

Prof. Ludlam says: Never use *Apis*, *Lachesis*, or any remedy of this class in dilution, but employ the triturated potencies. The alcohol used in the dilution antidotes or destroys the effect of all animal poisons.

Prof. L. also says: In employing the vaginal douche, do not squirt the water in with force, as is often done;—let it flow in gently over the parts, and much better results will be obtained than as though the water was forced in as from the hose nozzle of a steam fire-engine.

Prof. Hall never uses *Arnica*, but *Calendula* instead.

Prof. Laning, in making his diagnosis, does not rule out cancer because there may be absence of pain.

Prof. Watry gives the following formula for softening hardened ear wax:

R. Bi-borate of soda	- - -	grs. x;
Glycerine	- - -	3ss;
Aqua	- - -	3j.

M. Sig. A drop 3 times daily on the hard wax for two or three days, and then syringe the ear.

Holiday vacation begins Friday night, December 23, lectures commencing again Monday morning, January 2. The clinics in the hospital will be held as usual through the vacation.

Prof. Ludlam says; when a patient exhibits a great longing for meat, and does not seem to crave much of anything else, diabetes may be suspected. *Always* test the urine when this symptom is found.

Prof. Hall says a few drops of Nitrite of amyl on cotton in a vial held under the nose of a patient in collapse from anæsthesia will resuscitate him at once.

Cincinnati.

PULTE MEDICAL COLLEGE.

We are often advised by medical societies and in the journals, that it matters little whether we feed a child one of the numerous "infant foods" of the day, or allow it to nurse the mother. This is a mistake. There is no substitute for the breast,—and we are never justified in taking an infant from the mother except in cases of extreme necessity. When I first took charge of the orphan asylum (Mt. Auburn) in this city, the nurse informed me that during certain seasons of the year the graves in the cemetery were never covered. Wet-nurses were provided, and we found that the mortality was greatly reduced.

One of the *strong* arguments in favor of mother's milk, as against all other foods, is that the child gets it warm from the glands where it is secreted. We do not know what chemical changes take place in milk by alternate cooling and heating. Certainly there are changes when the animal heat is lost and artificial heat applied, and I believe that if we were to use the cow's-milk as it comes from the udder, before it is allowed to cool, it would be more easily digested, and give us much less trouble.

In cases of slow digestion add a "pinch" of salt to the milk. This aids in digesting the caseine.

As a substitute for mother's-milk, where we have been obliged to take the child from the breast, I have long used the following:—one tablespoonful of granulated pearl barley, pour on boiling water and boil five minutes. Of this

take three parts, cow's milk one part, sugar-of-milk, tablespoonful. It has always worked well, and I still use it.

Acidity is the great enemy of infantile life. Of all the influences that tend to give us the large death rate among children, acidity stands at the head. Rickets is often caused by acidity. The presence of a surplus of acids dissolve out of the blood and tissues the bone-making and bone sustaining salts, thus giving rise to rickets. In these cases, the development and functional activity of the nervous system is so interfered with, that the organism is not able to appropriate the phosphate even when it is present. I have found Cod-liver oil the best remedy, and I believe that 90 per cent of the cases can be cured by it. It, in some way, corrects the cellular condition that prohibits the absorption and appropriation of the bone salts, and I have found it to work marvelously well both in my private practice and in the asylum. The evidences of improvement in the use of Cod-liver oil are:

1. Cessation of spasms of glottis.
2. Cessation of sweat and sweating about the head.
3. Child sleeps better, and is not so irritable.
4. Decrease of catarrhal troubles.
5. Improved digestion and nervous affections in general.

Remember Cod-liver oil and Hypophosphite of lime as remedies in rickets.—*Prof. Crank.*

When children refuse to take milk on account of depraved quality, I have found that a dose or two of Calc. c. given to the mother will correct the condition of the milk and remove all trouble.

In cases of croup (simple), give Aconitum if there is much fever, and when fever subsides alternate Hepar and Spongia. I have found these remedies almost infallible.

Prof. Buck, in speaking of the importance of proper hygiene and care in typhoid fever, recommends frequent baths with hot water. He told the class that if he had his choice between all the drugs in the materia medica and hot water and a good nurse in the invasive stage of typhoid, he would take hot water and the nurse *every time*. Bathe the patient from one to six times per day. No bad results can come from this in any case, so long as the temperature keeps up. The only sure and safe guide in this disease, either in treating or in diagnosing, is the degree of heat, the character of fever, and how is this to be determined without a thermometer? Never think of trying to practice medicine without a clinical thermometer.

St. Louis.

HOMŒOPATHIC MEDICAL COLLEGE.

Dr. Campbell says that if pus is in a cavity, as for instance the ear, a few drops of Peroxide of hydrogen introduced into the cavity will loosen up the pus, and permit it to come away.

That in a case of ophthalmia, with much *itching*, the application of a few drops of the following solution will afford relief:

R	Acid boric	- - - -	grs. x;
	Aq. Camph.	- - - -	3i;
	Aq. boracic.	- - - -	3vii;
			M. ft. sol.

Also that in gonorrhœal ophthalmia of one eye, it is necessary to protect the other eye, but that there are objections to the plan, adopted by many, of sealing up the well eye, and he advises his students, by way of an improvement, to take a piece of rubber-plaster about three inches square, cut a circular hole in its centre, and fit into it a watch glass, the hole being cut to a size a little smaller than the glass, so as to hold it in place. Then to apply this over the well eye, taking care that it is adhering securely to the skin, except at the outer corner of the eye, leaving a piece of the muslin on the plaster over that part to prevent it adhering there; this will allow the air to reach the eye. By the use of this plaster there is full protection, yet the patient is able to see, and the physician can watch the well eye.

That if the patient's lids are swollen with pus beneath them, when they are separated by the attendant, there is danger to the attendant's own eyes from the pus spurting out, but the physician or nurse, as the case may be, can guard against this by wearing a pair of large plain glass spectacles, such as are worn by stone-cutters.

Dr. Parsons says that in cases of irritable ulcers, when you decide to use an escharotic, to destroy the oversensitive nerve filaments, and to excite a healthy inflammation; it can be done painlessly by applying a few drops of a four per cent solution of Cocaine twenty minutes before using the escharotic.

Iowa City.

UNIVERSITY OF IOWA.

In speaking of the treatment of pneumonia, after consolidation has taken place, Prof. Dickinson says: Stick to Phosphorus for years, if necessary.

In diphtheria, when the pulse is regular, but rapid and compressed, and the patient listless, languid and weak, with no interest in anything, Lachesis 30x will seldom fail to cure.

Prof. Cogswell advises giving Asparagus tea when indicated remedies fail to relieve retention of urine.

The new Homœopathic Hospital was recently deprived of a good case for the clinic by the unexpected death of the patient shortly before her arrival. On making a post-mortem, Prof. Gilchrist found a fibroid (interstitial) tumor of the uterus, of ten years' standing, with cystic degeneration, death occurring from rupture.

The right ovary was atrophied, and had a thin-walled cyst; the right Fallopian tube being lost in the mass of the tumor; left ovary larger and also cystic, and left Fallopian tube having an impervious stricture. Menstruation continued without change to the end!

In his lecture on anæsthesia, Prof. Gilchrist strongly urges the necessity for individualization in selecting anæsthetic agents.

Ether is often given undue preference, as the dangers from it are remote, and therefore not easily traced, while those from chloroform are immediate. The use of stimulants was condemned, as their effect is uncertain. In some a dangerous depression is produced without the primary exhilaration, while in others the primary excitement is as great as in the case of ether. In others the effects are delayed, and the danger in the first stage of chloroform unopposed having the effect of an antidote.

Minneapolis.

HOMŒOPATHIC MEDICAL COLLEGE.

Prof. Ricker says: We are too apt to consider diarrhœa a disease. Remember it is only a *symptom*, and may have to be considered together with several other symptoms in order to get a correct picture of the disease. In acute enteritis the trouble may be caused by organic or inorganic matter in the water ingested; and not only the food, but the drinking-water, should be carefully looked after.

Indigestion, constipation, and a long list of ailments are common troubles among a lot of "hygienic cranks" who are always doctoring, and who live on wheaten grits, graham, oatmeal and other indigestible stuff.

Suppurative inflammation of the blood vessels of the liver may follow surgical operations upon the rectum, or any region from whence the blood is carried by the portal vein to the liver. Do not operate on the rectum unless there is a good prospect of compensative results; for rectal operations are not as innocuous as some surgeons would have us believe. On the contrary they are *always* attended with danger.

Prof. Wilcox says: It has recently been discovered that Perchloride of mercury is precipitated by contact with blood, thus destroying its antiseptic properties. This action does not take place, however, if the Perchloride solution be previously acidulated by the addition of a few drops of Hydrochloric acid, or a few grains of Boracic acid.

Fever is the result of poison taken into the blood, either from within or without; and in surgical cases it is evidence that decomposition is taking place in the wound, and that its products are passing into the circulation. This will be the condition whether the wound have an offensive odor or not.

Prof. Ripley emphasizes the necessity for great care in the *prevention* of ophthalmia neonatorum, and recommends the use of Boracic acid solution, 5 gr. to a half tumblerful of water, applied by means of soft linen rags, which should not be used a second time. Bathe the eyes immediately after birth, and at intervals of 15 to 30 minutes during the first day or two. The use of soap in bathing infants is a frequent cause of inflammations of the eyes, and is very liable to irritate the skin. I do not find as many cases of diphtheria as some physicians, and I diagnose more carefully between diphtheria and follicular tonsillitis. Unless great care is used, many cases of the latter disease will be reported to the health office as diphtheria.

Philadelphia.

HAHNEMANN MEDICAL COLLEGE.

In his lectures on neuralgia Prof. Goodno spoke of a *general neuralgia* which is not found in the books, and which we fondly denominate "The neuralgia of Goodno," found mostly in broken-down women with menstrual difficulties; women of an energetic disposition, and who meet trouble half-way; it often begins in the uterine region and then extends to the plexus in the neighborhood of the stomach; it may extend to the cardiac area, when the most serious symptoms are shown, as of sudden, violent pain in the region of the heart, accompanied or not by disturbance of its action. We may then have symptoms of collapse, but there is an absence of the pang and dyspnœa that marks the angina pectoris. This is very dangerous indeed, and oftener causes death than all other forms.

Prof. Mitchell told of a case of abortion he attended when a ten weeks old fetus distinctly kicked while lying in his hand.

Woe betide the man who, the last week in March, believes that the child can be born, in a

face presentation, if the chin gets in the hollow of the sacrum. The Professor says he will tell such a man that he is "exceedingly and particularly stupid."

Prof. Mitchell also told us that in differentiating between hysteria and eclampsia, the hysterical woman, by not hurting herself shows that she bosses the convulsion, while in eclampsia there is no doubt that the convulsion is boss.

While lecturing on Aconite, Prof. Mohr said: When you find a child who has two or three attacks of croup in a winter, which at the time have Aconite symptoms, and recovers from its administration, give the patient Phosphorus in between, and so remove the tendency to recur.

He also says: *The keynote for Hyoscyamus in typhoid fever is that "the patients continually fumble at their genitals."*

Dr. Bartlett in his clinic, showed a very interesting case of tremor. A man about 35 years old, with tremor of the left forearm and hand. The shake was most observed while at rest, was rythmical and ceased on motion, and for a few seconds after massage of the arm. Left pupil was a trifle larger than its fellow. The man gave a history of having been occupied as a painter until about 18 months ago. There was no wrist drop or lead-line on the gums, nor was there any rigidity of affected parts, and the man walked with head erect.

The doctor's diagnosis was lead poisoning, and his R. Mercury, with massage as an adjunct.

Chicago.

HOMOEOPATHIC MEDICAL COLLEGE.

Prof. Foster's definition of a metaphysician: An imaginary doctor treating an imaginary patient for an imaginary disease with an imaginary remedy producing an imaginary effect.

Prof. Foster recommends the following douche in case of an abortion where there are approaching symptoms of septicæmia:

Good Whisky	-	-	one part.
Water	-	-	three parts.

In many cases the power that this douche has over temperature is truly magical. It is not only a food and a stimulant, but also prevents decomposition, and is not a poison. Avoid the use of Carbolic acid and Corrosive sublimate, for they are dangerous, as every good physician should know. Watch the pulse, for it is your beacon light.

Prof. Pratt says: You will never see a cancer of the breast without concomitant uterine symptoms.

You will always find trouble at the anus in epithelioma of the lip.

Prof. Woodward says: You can put it down that Aconite is no longer indicated in pneumonia when the alternation of heat and cold has ceased to exist.

I do not know that there is another drug in the whole materia medica that I value so much as Cina in the treatment of incontinence of urine in children.

Prof. Foster says: *Viburnum perfoliatum* 1x or 2x, is one of the best remedies I know of for the general symptoms of threatened miscarriage. Put a few drops in a tumbler half full of water, and give a teaspoonful every half hour. If the ovum is not detached, give *Viburnum* and order the woman to stay in bed three or four days. Tampon the vagina with a sponge. This tampon may be used at any time during pregnancy, *before the uterus is emptied*. If the uterus has discharged its contents, only use it when you are sure that a dangerous hemorrhage into the uterine cavity cannot take place.

In the later months of pregnancy it is good practice after the expulsion of everything, to wash out the womb. Use warm water with a little Whisky or Arnica. Pass the rubber tube without a nozzle, directly into the womb, so the stream may be large and gentle. If you use the nozzle, water may get into the Fallopian tubes, thus causing ovarian colic and salpingitis.

At a recent chemical laboratory exercise a number of students were performing the "Marsh test" for arsenic. As one of them applied the lighted match to the, as he thought, escaping gas, his apparatus exploded; but as he had taken care to wrap a heavy wet cloth about his jar, no harm was done. Moral: If you would feel safe while performing this experiment have your head protected likewise.

A few notes from Prof. Hobart's lectures on *Materia Medica*:

In administering *Æthusa*, I have found small doses, often repeated, to be of more value than large doses, given at longer intervals. If this medicine is useful in a case of cholera infantum, the effect will be immediate. Use it high.

For ordinary clergyman's-sore-throat you will find nothing better than *Alumina*.

In prescribing *Apis mel.*, for eye troubles, use the 30x; when for threatened abortion, during early months, or for irritation of the bladder, the 6x; for acute oedema, 3x.

Remember that the thirst of Arsenic is not confined to "little at a time and often." It may be *much and often*.

When Belladonna is indicated in dysmenorrhœa, you will get good results from prescribing it in one drop doses, four times a day, for ten days before the period.

When prescribing Colocynthis for neuralgias, use from the 24th to 30th potencies. For colic you will get better results from the 3x or 6x. The 2x frequently aggravates.

Prof. Streeter strongly advocates the primary operation for laceration of the perineum. He says it is always best to operate when the tear is over half an inch long. Be satisfied that hemorrhage from the womb has ceased, then wash away all blood clots and thoroughly irrigate with carbolyzed water. Pare smoothly the torn surfaces, irrigate, then put in the silk suture. If the tear is back to the sphincter ani, at least three stitches will be required. It is not necessary to tie the limbs together. The suture may be removed on the seventh day. The danger of sepsis is less than when you do not operate.

At a recent clinic Prof. Streeter said it is proper to dilate the cervix uteri under the following conditions: (1) stenosis; (2) cicatricial tissue; (3) chronic inflammation; (4) flexions; (5) tortuous canal. As a rule gradual dilatation with graded steel sounds is best.

In 1828, Dr. Fisher, an allopathic physician, of Dresden, wrote: "Homœopaths do not bleed, and God only knows how they arrive at the desired result in those cases where bleeding is the only mode by which we can expect to save the patient."

INVESTIGATION shows that the limit of temperature at which men can work depends upon the length of their exposure, the amount of exertion they put forth, their condition, and the nature of the atmosphere, particularly as to its degree of moisture. It is stated that men have been employed on railways at 104° F., in mines, under very favorable conditions, at 125° F., and are said to work occasionally in the stoke-holes of tropical steamers at 156° F. Professor Dubois is reported to have estimated that a temperature of 122° F. can be endured when the air is as dry as possible, but that even 104° F. is likely to be fatal in an atmosphere saturated with moisture. It is also considered certain that men cannot become accustomed to stand for any considerable time, a higher temperature than from 145° F. to 165° F.; even when they keep perfectly still and are in quite pure air.

COOK COUNTY HOSPITAL.

The old man spoken of in last month's notes as having cut his throat, has departed this life. The post mortem confirmed the diagnosis of fatty accumulation of the heart, over a pound of adipose tissue being found in the pericardial cavity surrounding a very much atrophied heart.

The use of the pistol-splint in the treatment of Colle's fracture has been attended by uniformly good results. No bad effects have ever been obtained, and all cases recover with absolutely no deformity.

American women are not all becoming sterile. There is one in the hospital now 37 years old, married at the age of 23 years, who has had 16 children in 14 years of married life.

Some of the most remarkable effects have been produced by the hypodermic injection of from 15 to 20 minims of H₂O. Nervous, hysterical patients quiet down under its influence, and occasionally on leaving the hospital, ask for a bottle of "that medicine that makes them sleep so well."

Illustrative of the capacity of the ordinary country practitioner a case of compound fracture of the leg was admitted recently which had been treated by a disciple of Æsculapius in a small Illinois town. Vaseline had been smeared over the wound, a dirty linen rag laid on that, and then the leg immersed in a long box filled with sawdust. When seen the wound was fairly crawling with maggots, and the leg in such a condition that amputation was necessary in order to save the patient's life.

Warts that had resisted Nitric acid, Carbolic acid and even Silver nitrate, yielded readily and kindly to Thuya tr., and thereby gained the goodwill of a nurse for homœopathy.

Plugging the posterior nares is a very simple operation to perform in a book, but when a man gags like a dog with a bone in its throat, and spits bad whisky and swear-words in the operator's face, it isn't quite so pleasant.

A severe case of epistaxis was admitted recently. The patient was a man about 50 years old who had been on a spree for several weeks, and could give no reason for his ailment. He had been bleeding for 12 hours. A physician outside had tried in vain to stop it, and then recommended him to come to the hospital. A pledget of cotton a little larger than a grain of corn was removed from the posterior nares, both nostrils were plugged fore and aft, a hypodermic injection of Ergot tr. m. xxx given and the hemorrhage ceased.

MISCELLANY.

THE readers of THE MEDICAL ERA will observe that with the present number the journal has been enlarged and very much improved. The columns are wider and longer, and, notwithstanding the larger type — which will be grateful to many eyes — it contains a greater amount of reading-matter than ever before. With this number you are getting more for your money.

As we have frequently said in the past, so we repeat: Others may follow, but THE ERA will lead.

SOLUTIONS of Corrosive sublimate may be prepared off-hand by always carrying in your pocket, or bag, an alcoholic solution, a drachm to the ounce. A teaspoonful to a pint of water makes a solution about 1:1000. Sublimate should not be used with soapy water, as it causes a greasy white precipitate, or with dirty or bloody hands, as it "fixes" the dirt, producing indelible stains.

URINARY ANALYSIS. — In this number of THE MEDICAL ERA our readers will find the first of a series of practical articles by Dr. Clifford Mitchell, author of "Practitioner's Guide to Urinary Analysis." This article will be followed by others, forming a series the value of which all must appreciate.

CABLEGRAM.—London, Oct. 25th. W. R. Warner & Co., Phila., received highest award from American Exhibition in London for superiority of their sugar-coated pills and effervescing salts.

The November *Chironian* contains a full account, illustrated, of the proposed new building of the New York Homœopathic Medical College. This school will have the largest, finest, and most complete building of any homœopathic college in the country.

PEPSIN is undoubtedly one of the most valuable digestive agents of our materia medica, *provided a good article is used*. ROBINSON'S LIME JUICE AND PEPSIN, (see page x. this number) we can recommend as such. The fact that the manufacturers of this palatable preparation use the purest and best pepsin on the American market, and that every lot made by them is carefully *tested*, before offering for sale, is a guarantee to the physician that he will certainly obtain the good results he expects from pepsin.

HAVE used Tongaline for dysmenorrhœa and found the results thoroughly satisfactory.

Gilead, Lewis Co., Mo. J. P. FRAME, M. D.

PERSONALS.

Dr. J. W. Barnsdall is treating many cases at his new hospital, at Omaha.

Dr. Chas. P. Beaman has located at 163 State St., Chicago, Rooms 65 & 66.

Dr. E. A. Beaumont, of Minneapolis, is just recovering from an attack of typhoid fever.

Dr. C. J. Pearson has returned from his trip to California, and resumed practice at 1262 W. Lake St.

Dr. F. W. Southworth, in search of a more genial climate, has removed from St. Paul to Tacoma, Wash. Ter.

Dr. W. W. French, of New York, has removed to Chattanooga, Tenn., and become a partner of Dr. G. E. Harrison.

Dr. R. A. Harlan, of Warsaw, Ill., wants a successor. Physicians seeking a location should address him as above.

Dr. A. B. Rockwell, of Wahpeton, Dak., wants some physician to correspond with him with a view to taking his practice.

Dr. D. M. Goodwin, of Minneapolis, has been compelled, on account of ill health, to take a rest. He is visiting in the East.

Dr. Frank Kraft, of Sylvania, O., assumes the editorship of the *American Homœopathist*. We congratulate Mr. Chatterton, we welcome Dr. Kraft, but at the same time we regret Dr. Underwood's retirement from journalism.

Dr. H. W. Champlin, after six years of successful practice at Chelsea, Mich., has gone to New York for hospital advantages. He leaves a good field at Chelsea, which should be occupied. Write to H. S. Holmes, Chelsea, Mich., for particulars.

Homœopathic Physician Wanted.

There is a good opening in the village of Fairchild, Wisconsin, for a first-class homœopathic physician and surgeon, there being none there at present. Good territory outside of village. For particulars, write or apply to J. S. Grave, C. B. Collins, or N. C. Foster, Fairchild, Wis.

A Card.

To the Editor of the Medical Era:

For the benefit of the profession at large, will you kindly state that William B. Clarke, M. D., — formerly my assistant — is no longer holding any business relations with me, and that I will in no wise be responsible for any bills he may make or loans he may endeavor to negotiate.

O. S. RUNNELS, M.D.

Indianapolis, Nov. 15, 1887.

OUR COMPLIMENTS.

We refer to the compliments which have been lavished upon THE MEDICAL ERA by representative physicians in all parts of the country. They do not make us vain, but will stimulate to greater effort.

I value THE MEDICAL ERA very highly.—*Dr. O. S. Runnels.*

THE MEDICAL ERA is one of our brightest journals.—*Dr. Asa. F. Couch.*

It always seems as if the last number is the best.—*Dr. A. M. Crane.*

I enjoy THE MEDICAL ERA, and gladly remit for it.—*Dr. Millie J. Chapman.*

I place THE MEDICAL ERA among those at the head of the list.—*Dr. F. H. Orme.*

THE MEDICAL ERA is good! good!!—well worth the money.—*Dr. H. A. Houghton.*

I like THE MEDICAL ERA better than any other journal that I take.—*Dr. D. D. Cole.*

I am taking four journals and THE MEDICAL ERA leads them all!—*Dr. J. L. Robinson.*

I am glad to remit to the good journal which you so regularly send.—*Dr. I. T. Talbot.*

I wish to express my high appreciation of THE MEDICAL ERA.—*Dr. Julia Holmes Smith.*

Send it another year. I can't do without it now. It is a tip-top journal.—*Dr. J. S. Daniels.*

I regard THE MEDICAL ERA as the best homœopathic medical journal now published.—*Dr. L. D. Coombs.*

THE MEDICAL ERA is indispensable to the practical and progressive homœopathic physician.—*Dr. H. W. Champlin.*

I have but one objection to THE MEDICAL ERA, and it is a serious one—it does not come often enough.—*Dr. T. M. Triplett.*

OWENSBORO, KY., Dec. 17, 1887.

To The Medical Era:

A student of mine went to church last Sunday, and on his return I asked him what the text was. He said:

"As well as I can remember it was, 'All strictures are caused by indiscretion, and are profitable for doctoring, for reproof, and correcting unrighteousness.'"

He had been reading "Orificial Surgery."

Very Truly,

R. W. SKINNER, M. D.

P. S. Send me the ERA another year.

FACETIÆ.

Vice Versa.

Some mischievous being,
With evil desire,
From Dr. Pratt's house
Cut the telephone wire.

With the piece taken out,
Reversed end for end,
He filled in the gap,
And spliced it again.

The effect is peculiar,
For now, strange to tell,
When Pratt shouts "Hello!"
It sounds like, "O —!"

SELAH.

Helen. "Mamma, what is a *casus belli*?"

Mother. "My child, never speak of anything so indelicate! It is the Latin for stomach-ache."

Lady (to drug clerk)—"A two-cent stamp, please." *Clerk* (absent minded)—"Yes, madam. Will you take it with you or have it sent?"

"AND what did the doctor say?"

"He said de chile had a 'tack of erysipelas."

"Erysiplas! I allus said dat chile would hab trouble wif his ears some day."—*Judge.*

Friend.—"Stammer, old boy, I hear you have purchased a parrot?"

Stammer.—"Ye-ye-yeth, and it ith gw-gw-gweat f-f-fun, you know. I'm t-t-teaching it t-t-t-talk."

Gibbs. "So the man was killed at the hotel, was he?"

Squibbs. "Yes, shot right in the rotunda."

Gibbs. "Great Scott! No wonder it killed him. That's a terrible place to hit a man."

DOCTOR:—There are some who have not yet acknowledged the receipt of bills sent out. To you these words are addressed. If you do not wish us to draw, please notify us, telling when you will remit. If you find an error in your bill, there is greater reason why you should write and notify us, in order that the proper correction may be made.

In ten days after you receive this copy of the ERA, we shall draw on all who have not paid, but we prefer that you should remit before that time, or write telling when we may expect payment. This is not facetious.

BOOK REVIEWS.

A **MANUAL OF THE PHYSICAL DIAGNOSIS OF THORACIC DISEASES.** By E. Darwin Hudson, Jr., A. M., M. D., late Professor of General Medicine and Diseases of the Chest in the New York Polyclinic; Physician to Bellevue Hospital, etc. One volume. Octavo. 162 pages. 93 illustrations. Price, \$1.50. New York: Wm. Wood & Co. 1887.

The tendency of modern book-making is to condensation and systematic arrangement. This has been admirably carried out in Dr. Hudson's Manual. There is very little to criticize, but much to commend. For the purpose expressed in its title, "the physical diagnosis of thoracic diseases," it is the best work with which we are acquainted. The illustrations are abundant and well executed. The descriptions are clear and concise, without being too brief. The tables are full and well compiled. The author, evidently, is not acquainted with Bartlett's pleximeter, or he would certainly recommend it in preference to Flint's. But this does not prevent it from being the best book that we have on the physical diagnosis of chest diseases.

A **COMPLETE HAND-BOOK OF TREATMENT:** An Alphabetical Index of Diseases, containing 1000 Formulæ. By Wm. Aitkin, M. D. (Edin.) F. R. S. Edited with notes and additions by A. D. Rockwell, A. M., M. D. One vol., cloth, 444 pp. Price \$2.75. New York: E. B. Treat.

This is the latest issue of the Medical Classics Series being published by this well-known house. It is a reference book compiled from Dr. Aitken's work on the Science and Practice of Medicine. The treatment is, we think, a little old-fashioned. It is not abreast of modern therapeutics, as practiced in America, at any rate. While many useful hints might be gathered from its pages, yet as a guide to treatment it does not fulfil expectations. Dr. Aitken was more skilled in the science of medicine than in its art.

600 MEDICAL DONT'S: or, the Physician's Utility Enhanced. By Ferd. C. Valentine, M. D., Ex-Surgeon General, Army of Honduras, etc., New York: G. W. Dillingham. 1887.

This unique book has its place; or, if not, it will soon make a place for itself. The title and arrangement were, obviously, suggested by Mr. O. Bunce's popular handbook on etiquette. But Dr. Valentine has shown great originality in adapting the method to medical topics. He has made a book which is apt to be read, be-

cause it will entice the reader. And that is a great virtue in a book. But, in addition, after having read, the reader will be instructed, and if he observes one-tenth part of the injunctions laid down, he will be a wiser and healthier man. The book is intended for the laity, but the professional man may read it with profit.

A **CLINICAL MATERIA MEDICA.** Being a Course of Lectures delivered at the Hahnemann Medical College, of Philadelphia, by the late E. A. Farrington, M. D. Revised by S. Lilienthal, M. D. With a Memorial Sketch of the Author, by Aug. Korndorfer, M. D. Philadelphia: Sherman & Co. 1887.

Farrington's *Materia Medica* differs essentially from most of the works with which the profession is now familiar. It is, as indicated by its name, a clinical *materia medica*.

Dr. Farrington was well known as a teacher, and this book contains the substance of the lectures which he gave to his class. They read just as he talked. It is fortunate that, by aid of the author's manuscript, and of Dr. Bartlett's phonographic notes, the lectures have been preserved. The book will be appreciated not alone by the students who heard the original lectures at the Philadelphia college, but by all students of *materia medica*. Among the many works on the subject, this one has its place, a place which is of no little importance.

THE readers of *St. Nicholas* will discover in the December number that Mrs. Frances Hodgson Burnett has created a worthy companion character to "Little Lord Fauntleroy," in the heroine of her story, "Sara Crewe; or, What Happened at Miss Minchin's."

THE December *Century* opens with a frontispiece portrait of Lincoln from a photograph made about the time of his inauguration, which event is the subject of the present part of the *Lincoln History*.

THE Christmas number of *The Illustrated London News*, is a real work of art. It contains three handsome colored lithographs, well worth framing.

With the number for January, *Scribner's Magazine* begins auspiciously its second year. The features of the new year promise to be most interesting and valuable contributions to literature, and the publishers' announcement of increased excellence in illustrations is evidently to be richly fulfilled.

THEY SAY

THAT oil of vitriol is not an oil.

THAT carbolic acid is not an acid.

THAT copperas contains no copper.

THAT a goose may live to be eighty.

THAT leprosy is absolutely incurable.

THAT German silver contains no silver.

THAT a hornet always keeps its end up.

THAT the life of the elephant is 100 years.

THAT there are two lepers in Philadelphia

THAT sulphuric ether contains no sulphur.

THAT education is the gateway to all reform.

THAT to conceal the truth is to lie in ambush.

THAT 16 years is the average life of a monkey.

THAT tortoises live to be from 100 to 200 years old.

THAT leprosy is contagious in a very slight degree.

THAT hair does *not* grow on the body after death.

THAT whales are supposed to live a thousand years.

THAT the Fijians call a doctor a "carpenter of death."

THAT purpuric spots in scarlet fever are of grave import.

THAT dirty diatribes have no place in medical literature.

THAT a butcher is willing to meat his customers half-weight.

THAT there are 7,732 homœopathic alumni in this country.

THAT a doctor of medicine can practice dentistry if he wants to.

THAT swans and ravens sometimes live to be 200 years old.

THAT the Queen of Corea is not the Empress of St. Vitus' dance.

THAT hysteria troubles the doctor more than it does the patient.

THAT the homœopathic colleges graduated 372 students last year.

THAT what is said about the failure of the potato crop is mostly rot.

THAT gunshot fractures sometimes unite as readily as simple fractures.

THAT parrots sometimes live to be 200 years old; 100 is not uncommon.

THAT a girl in Boston has named her cat Santa, on account of its claws.

THAT there were 991 matriculates at the homœopathic colleges last year.

THAT a western doctor takes a reef in the mesentery with lycopodium 30th.

THAT *oxygen* means the "acid-maker," and yet some acids contain no oxygen.

THAT one cubic inch of platina black takes up 253,440 cubic inches of oxygen.

THAT the homœopathic hospitals of the country treated 13,862 patients last year.

THAT conscience is the pulse of reason, and some people have an awful hard pulse.

THAT milk charged with carbonic acid gas will keep an indefinite length of time.

THAT Dr. Quain left his entire fortune of \$375,000 to University College, London.

THAT a woman should not marry a man that chews, but choose a man that marries.

THAT body-lice may be instantly destroyed by washing the parts with sulphuric ether.

THAT arsenic and antimony are found in the bright red-colored stockings of commerce.

THAT leprosy was introduced into the Sandwich Islands forty years ago by two Chinese coolies.

THAT in Norway the number of lepers has decreased fifty per cent in the past twenty years.

THAT a man who is hanged is generally cool; it is the one who is guillotined that loses his head.

THAT 15,000 children are killed annually by the use of soothing-syrups and similar preparations.

THAT men and monkeys are the only animals having eye-lashes on both the upper and lower lids.

THAT the sum of the walls of all the cells contained in a cubic inch of charcoal equals 18 square feet.

THAT in Japan lepers, as soon as the disease shows itself by obscure symptoms, are immediately isolated.

THAT Mrs. A. T. Stewart used to pay \$32,000 per year to her doctors, and Mrs. Catherine Wolf paid \$20,000.

THAT the mortality from labor in China is estimated to be about eight per cent, or 4,000 deaths annually.

THAT thirty-four homœopathic dispensaries last year treated 142,629 patients, and made 376,886 prescriptions.

THAT blindness is increasing, owing, it is thought, to the introduction of contagious diseases of the eyes by immigrants.

THAT the gas companies in Chicago are creating a great deal of trouble; they are getting up a sort of a gas-trick fever.

THAT the great and increasing frequency of tubal disease in women is due to the presence of gonorrhœa, often unsuspected.

THAT Lawson Tait says he is well satisfied that venereal diseases might be stamped out if more scrupulous attention were given to the toilet of the genitals.

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JAMES E. GROSS, M.D.

DO HOMŒOPATHS PRACTICE HOMŒOPATHY?

The paper by DR. GEO. B. PECK, a synopsis of which we present to our readers, possesses a peculiar interest. The most striking lesson that it teaches is a demonstration of the fact — which THE MEDICAL ERA has always insisted upon — that by far the greater part of the practice of homœopathic physicians is consistent homœopathy. The loose and empirical methods which some are fond of believing have penetrated our school, like a medical dry rot, belong to the few, and not to the many.

Look at the record: For the relief of after-pains the vast majority of the 177 physicians who report, rely upon such remedies as arnica, pulsatilla, caulophyllum, chamomilla, belladonna, cimicifuga, secale and the like.

Is this allopathic practice?

For inflamed breasts, the majority rely upon belladonna, phytolacca, bryonia, and pulsatilla.

Is this allopathic practice?

For milk-leg the majority use hamamelis, belladonna, pulsatilla, bryonia, aconite, arsenicum, rhus, apis and the like.

Is this allopathic practice?

In the entire report, how much can be found of what may be called allopathic practice? *Very little indeed!* And what little there is, is in-

dulged in here and there by but a single member of the profession, and it belongs to the individual and not to the school.

Thus is the charge which DR. BOWDITCH made the key-note of his famous address, refuted. Homœopaths do practice homœopathy. And as homœopaths they are not only entitled to the name, but to call them by any other would be doing violence to the facts. Here is the conclusion at which DR. PECK himself has arrived.

A word concerning an important element in the value of the statistics I have presented. In them we find the experience of the rank and file of our profession; the proofs of the essential unity of our school; in that for a given condition the same remedy is prescribed by the low dilutionist and the high; that while comparatively a small number occasionally resort to palliative treatment, the vast majority adhere rigidly to the principles implied in our name; and that in all instances in which the nature of any given ailment is clearly non-surgical or non-mechanical, deviations from law are scarcely appreciable.

DO ALLOPATHS PRACTICE HOMŒOPATHY?

No. At least, they do so to such a limited extent that it is scarcely worth taking into account.

Look at their records: Not long since a Philadelphia journal of the old school published reports from one large hospital in that city, from one in Cincinnati and two in Chicago, giving the "Present Method of the Treating Typhoid Fever" in each institution (it is necessary for an allopath to be particular with his tenses: *present* soon becomes *past*).

And what of the methods? In the first place, as it is easy to surmise, no two were alike.

Again, it was simply a record of calomel (to "clean out" the bowels), bromide of potassium, opium, quinine and antipyrin.

Is this homœopathic practice?

If there is any place to which we would be entitled to look for a display of homœopathic practice on the part of our friends, the enemy, it is in the treatment of cases of typhoid fever. It is a disease of common occurrence, and one in the treatment of which the homœopaths have never been accused of want of success. But we seek in vain.

Look through old school journals; read them by the score, and it is impossible to find among the many cases reported, of this, or any other disease, a single one treated according to homœopathic methods. If the allopaths had absorbed very much of our practice, ought we not to find in their journals some indication of it once in a hundred times?

The allopaths have acquired a cheap reputation for having possessed themselves of "what little good there is in homœopathy," but it is hard to find in the field of practice evidence that they have fed upon a single crumb dropped from our table.

From hospital experience in an institution where both schools are represented within the same walls, as well as from observation in private practice, the writer has failed to find a single instance in which an allopath has availed himself of homœopathic methods in the treatment of disease. Surely, if very much absorption had taken place, we ought to see the results! But the results are not to be found.

Do the members of the old school, then, know anything about the use of homœopathic remedies?

Only this much: Some of them have become possessed of the knowledge, in a general way, that pulsatilla is a good remedy for amenorrhœa. They give it, and, often, it disappoints them, for, as every homœopath knows, it is adapted only to cases marked by a certain set of symptoms. When it fails, the allopath is at the end of his

line. He has no knowledge of the virtues of cimicifuga, sepia, aconite, bryonia, phosphorus, calcarea, ferrum or graphites in the treatment of the condition — remedies which the homœopath would next consult. The allopath does not know why he gave pulsatilla, and he does not know why the pulsatilla failed.

If this is practicing homœopathy, then, occasionally, is an allopath guilty of the crime.

What is true of pulsatilla, in this respect, may be said of cantharis, ipecac, colocynth, hepar, and a few other drugs. An occasional prescription of the kind is made, but it is made regardless of "indications," and with no knowledge of any other homœopathic remedy related to the diseased condition, in case the first one fails. In a word, the use that they make of what few homœopathic remedies they may have become familiar with, is, like their use of everything else, purely empirical.

But, it may be asked, do none of them get farther than this in their knowledge of homœopathy?

Yes; but, when they do so, *they usually buy a lot of homœopathic books, a case of medicines, and become out-and-out homœopaths.* And, moreover, they generally become the staunchest kind, for they have had an opportunity to witness the evils of the old system, and to realize the great superiority of the new.

In the last forty years — the age of our oldest college — there have been seven-thousand-and-odd graduates of homœopathy in this country. Of these a great many, of course, have died, and many others have left the profession. And yet there are now said to be, in the United States, more than ten thousand avowed homœopathic physicians, some estimates putting the number as high as twelve or fourteen thousand. At the very lowest calculation there are, then, six thousand homœopathic physicians to be accounted for who never graduated at homœopathic colleges.

Whence came they?

They represent former allopaths who learned the "indications" for pulsatilla.

ALCOHOL IN DIPHTHERIA.

Soon after the last number of THE MEDICAL ERA was issued, we were informed that Dr. R. N. TOOKER, Professor of Diseases of Children in the Chicago Homœopathic Medical College, of this city, had for years been teaching to his class the treatment of diphtheria by the systematic use of alcohol. In response to a letter of inquiry addressed to Dr. TOOKER, we received a reply from which we make the following extracts:

The first case of diphtheria in which I used alcohol in large doses was that of Charley Cowan, living then and now at No. 1 Washington Place (Mrs. Stephens, nurse).

For a week I kept the patient "boozy" with whisky toddy. He was then a baby, and is now a boy nine or ten years of age. The case was a most malignant one, and I have always attributed his recovery to the free use of stimulants, administered regularly by a professional nurse.

I think the regular and systematic manner of dosage is in every way important. I have often thought that in the above case, as in others treated subsequently, there was an unusually great tolerance of alcohol, and I have questioned whether this is not always so in subjects of diphtheria.

My experience certainly teaches me that alcohol, in all forms of administration, is well borne, and I have seen no ill effects from it in any case. I have been very chary, however, in giving it in the form of milk punch or egg nogg, for fear of gastric disturbance. Pure alcohol, diluted as recommended in your article quoted from the editor* of the *Medical Times*, or in the form of old whisky, in either case made palatable with hot water and sugar, is the best form for its administration. No wines, either imported or domestic, are to be depended upon.

Alcohol, as pure as obtainable, is preferable to any bibulous compounds, and can be diluted as desired. It should be used as strong as can be swallowed, up to fifty per centum, and if employed with an atomizer, of full strength.

With young children I generally use a Codman & Shurtleff steam atomizer, being guided in frequency by the length of time the patient can be induced to use it.

Referring to the question of to whom is due the honor of first introducing the treatment of diphtheria by the systematic use of alcohol, I desire to say that I do not know when I got the

* But, as it turns out, the editor of the *M. T.* has had no such experience.

idea, but, for the sake of the school to which I belong, and in which I have the honor to be a teacher, I can say that for at least six years, alcohol, administered as above, has been taught and emphasized in the strongest language at my command, and no intelligent student has gone out from our college in ignorance of its value.

It must not be understood from this that I consider alcohol to be the *ne plus ultra* of treatment, or that other remedies are uncalled for. I never use it, nor advocate its use, to the exclusion of other treatment. Other remedies are of great value, and some mild cases of diphtheria may not require alcohol at all:

But in malignant cases of diphtheria I would swap the entire materia medica for a pint of good bourbon whisky and an experienced, conscientious nurse to administer it regularly.

To the adherents of the germ theory, alcohol presents itself as the best of all germicides; to those who regard the disease as of septic origin, it is confessedly the best of all antiseptics. It is at once a food, a stimulant, and a medicine par excellence, and I am very glad indeed that you have again called attention to its use.

The valuable testimony thus given by Dr. TOOKER we are glad to be able to add to that already offered. Those students who have gone out in past years from Dr. TOOKER's teaching should have reports to make, and we most earnestly invite communications from all who have tried this method of the treatment of diphtheria.

We are glad to be able to add the testimony of Dr. S. L. EATON, of East Orange, N. J. In a paper read at the last meeting of the New Jersey State Society, Dr. EATON said:

I have seen a child with diphtheria, who was apparently moribund, extremities cold, and the radial pulse imperceptible, revived by the liberal use of champagne, which was continued in large quantities for several days, until nature had had time to cast off the poison and resume its functions without adventitious aid.

On the other hand, in a letter which we have received from a New York physician, a reliable authority, the following statement is made:

The general impression here about alcohol, which has been used quite generally in diphtheria, is that it is good, but it does not deserve the sweeping recommendation given it.

Still, we would urge its trial by physicians throughout the West, only reminding them that the alcohol should be used energetically and systematically, and that no results will be conclusive except in cases of *malignant* diphtheria.

AN EXPLANATION.

The article on the use of "Alcohol in Diphtheria" should have been credited to a *correspondent*, and not to an "Editor *N. Y. Med. Times!*"

The above has been received at this office from the Editors of the journal named.

It is the custom of THE MEDICAL ERA to give, freely and unhesitatingly, full credit to all to whom credit may be due. In this spirit we credited the Editor of the *Times* with that which we had every reason to believe belonged to him. We now, just as freely, give him the benefit of his disclaimer.

But we wish to file a bill of complaint against such loose and unusual methods of journalism. A physician living in Oregon sent a letter addressed:

"*Editors NEW YORK MEDICAL TIMES.*"

The reply began with the following words:

"We take pleasure in replying to the request of our esteemed colleague. It is true that the suggestions we made, in the communication to which our *correspondent* refers, were too meagre for practical use." [Our italics.]

Thus the reply was made with the editorial "we" At the end of the article there was no name, no initial, only an insignificant *, to indicate that it was written by any hand but that of the editor himself.

Why should a *correspondent* use the editorial "we"? Why should he refer to the Oregon doctor as "our correspondent"? Why should it not be plainly indicated that it is not the editor who is speaking? We give it up.

But in taking leave of the *Times* and its correspondent, we wish to express our satisfaction at having become acquainted with another of the peculiar methods of this peculiar paper.

It is very fitting that a nameless journal should be edited by anonymous correspondents,

INSTITUTE TRANSACTIONS.

SYNOPSIS OF TRANS- ACTIONS OF THE AMERICAN INSTITUTE OF HOMŒOPATHY, 1887.

[Arranged by the Editor of THE MEDICAL ERA.]

THE MEDICAL ERA has received several letters of thanks for the Synopsis published in January. Some requested that the names of the different writers be given in full in the part that was to follow. With this request we have complied, and we also give, below, the names of those who were quoted last month.

SYNOPSIS IN JANUARY ERA.

Page	4, L. S., Dr. Lewis Sherman;
"	4, T. Y. K., Dr. T. Y. Kinne;
"	4, M. J. C., Dr. Millie J. Chapman;
"	5, L. H. W., Dr. L. H. Willard;
"	5, J. W. D., Dr. J. W. Dowling;
"	6, S. P. H., Dr. S. P. Hedges;
"	7, C. H. V., Dr. C. H. Vilas;
"	7, C. D. C., Dr. C. D. Crank;
"	8, S. H. T., Dr. Selden H. Talcott;
"	8, T. F. A., Dr. T. F. Allen;
"	8, J. C. M., Dr. J. C. Morgan;
"	8, G. S. N., Dr. Geo. S. Norton;
"	8, A. M. C., Dr. A. M. Cushing;
"	8, A. L. K., Dr. A. L. Kennedy;
"	9, J. M. S., Dr. J. M. Schley;
"	9, E. B. H., E. B. Hooker;
"	9, J. S. M., Dr. J. S. Mitchell;
"	9, W. J. M., Dr. W. J. Martin;
"	10, T. F. A., Dr. T. F. Allen;
"	10, J. M. W., (<i>Should have been G. M. D.</i>) Dr. Geo. M. Dillow;
"	10, J. H. C., Dr. J. H. Carmichael;
"	10, N. S., Dr. N. Schneider;
"	10, W. L. J., Dr. W. L. Jackson;
"	10, G. A. H., Dr. Geo. A. Hall;
"	11, W. T. H., Dr. Wm. Tod Helmuth;
"	11, J. E. J., Dr. John E. James;
"	11, F. S. F., Dr. Fred. S. Fulton;
"	11, J. H. McC., Dr. J. H. McClelland;
"	11, G. A. H., Dr. Geo. A. Hall.

BUREAU PROCEEDINGS.

OBSTETRICS.

Subject: — Important Complications of Gestation.

The death of the foetus in the earlier months should not have a moment's consideration when the life of the mother is at stake.

A case came to my knowledge in this State, where a physician of greater renown in sanitary science than as an obstetrician, was called to

attend a case of labor, and pronounced it a case of deformed or contracted pelvis, and, sending for counsel, they performed craniotomy on the living child and delivered a dead fœtus. Within a year the same woman had a large child born alive, and no doctor was called! This woman conceived a great contempt for doctors!—Dr. C. G. HIGBEE.

At least thirty physicians in every hundred are called upon to apply mechanical treatment in some manner to child-bearing women.

Epilepsy works greater damage to gravid women than to others.

Typhoid fever is, perhaps, the most serious complication of pregnancy under consideration, if we judge by its mortality in comparison with that of ordinary cases under skilful homœopathic treatment.

Scarlatina. — That pregnant women can nurse persons suffering from this disorder apparently with impunity is a matter of common observation.

Puerperal scarlatina, on the contrary, is a very serious matter.

Measles, when complicated with pregnancy, is not so innocent a disorder as when not so attended.

Heart disease seems to be a comparatively inconsequential complication of pregnancy.

Pneumonia has been observed by nineteen practitioners. The maternal and the infantile mortality were alike — 14.28 per cent.

Concerning mothers, I do not wish to be understood as speaking positively, but the chances are that when suffering from tuberculosis, fully twenty-five per cent will die during the year succeeding parturition.

Pregnant women are not so likely to take disease as others, but if it is contracted it is more likely to prove fatal; remedies act with promptness, but the power of the system to react is diminished. — Dr. GEO. B. PECK.

There is probably no complication of gestation which arouses greater anxiety in the mind of the obstetrician than that known as "renal," presupposing, as it does, a true pathological condition of the kidneys.

Children born of mothers having albuminuria are poorly nourished, so that they are puny and not well developed at birth, and if the disease be intense, gestation may be interrupted prematurely, or the child may be still-born. The albuminuria of pregnancy, when due to super-albuminosis, or merely to over-distension of the blood-vessels of the kidneys, will disappear almost immediately after delivery.

Glonoine, as a remedy in uræmic convulsions, is spoken of as most valuable, sometimes giving relief after coma has supervened.

Without being themselves voluntary users of tobacco, hundreds of delicate wives are victims to this pernicious habit in others, living and dying, begetting and bearing children, in an air laden with the fumes of this vile drug, to the misery of their own lives and the permanent detriment of their offspring. It is little less than absurd to expect prophylactic remedies to overcome the influences of such glaring evils, which should be met and regulated by hygienic care, on the one hand, and husbandly care on the other. — Dr. PHOEBE J. B. WAITE.

Ready-made wardrobes I consider a curse. A fruit diet, often represented as a safe way to decrease pains of child-birth, is also conducive to nervous diseases.

The cases I have seen have resulted from tight lacing, over-fatigue or close rooms, and have been relieved by loosening the clothing, open air, cold water, perfect rest and Moschus 3d. If there is any remedy I give empirically it is Moschus in all kinds of syncope, as well as in hysterical paroxysms, nervous asthma and hic-cough.

When neuralgia is confined to the facial branches I have found Gelsemium, Ignatia, Coffea, Spigelia, etc., to relieve.

I have especially found the continued use of Calcareæ carb., say two doses a day for two or three months, to be marvelously helpful where pregnancy accompanied pulmonary waste.

Neuralgia of the mammæ is often relieved by Conium or Phytolacca.

In the vomiting of early pregnancy, lying with the shoulders low and hips elevated, will give relief. A linen compress saturated with French brandy, strapped tightly over the gastric region with adhesive plaster, acts mechanically in holding the muscles quiet, and will sometimes do wonders in these cases. — Dr. EMMA V. D. PARDEE.

It is evident that in the old school the popular measures for such cases in obstetrics are great quantities of medicine, stimulants, cathartics, and such like. It has been my experience and observation that such cases are most always injured more by the medicine than by the condition of pregnancy. They treat as a disease what is not a disease. Some years ago I read in a little book that a pregnant woman's pulse was the same standing, sitting, or lying down. I have often taken advantage of that, and found it to be true; that is, the examination of the

pulse standing, while sitting, and while lying down, and found that the number of beats was the same in these three conditions, and I use it as a sign of diagnosing pregnancy. — Dr. G. L. BROWN.

One remedy in albuminuria is frequently called for, and that is *Argentum nitricum*. I have given it in those cases where the quantity of urine seems to be sufficient, but where the quantity of albumin is also relatively large. I have found that *Argentum nitricum* would more rapidly diminish the quantity of albumin than any other remedy that I have used. — Dr. J. B. G. CUSTIS.

GYNECOLOGY.

As to the application of the vaginal pessary, we will always meet advocates for and against its use — some advising, others condemning the practice, while many praise the instruments.

Owing to the great variety of instruments known as vaginal pessaries, placed at the disposal of the profession, their application becomes a problem not unlike that of therapeutics, distinguished more by actual wealth than by poverty of material.

The advantage gained in their application far outweighs all theory or unfortunate results from their use by the novice.

Like the application of a splint to a fractured limb, a truss to a hernia, a brace to a spinal curvature or a case of talipes, so must we accept the mechanical assistance of a properly adjusted pessary.

So long as the vagina retains any amount of contractility it should be our first duty to preserve rather than destroy this property.

The practitioner who is not a mechanic should not trust himself to the employment of a pessary.

Never introduce a pessary when there is a metritic inflammation, acute or chronic. Remember the golden rule in the mechanical treatment of uterine displacements: Always adjust the pessary to the patient, not the patient to the pessary.

Leucorrhœa always destroys the elasticity of the vaginal tissue, and while almost always present in a slight degree during the wearing of a pessary, any increase should be regarded with suspicion. If the physician appreciates the mechanical principles underlying the action of all vaginal pessaries in their relation to uterine displacements, his work is much more easily performed. If, on the contrary, he "goes at it regardless," he will not only meet with disappointment, but bring odium upon an instrument

that, if properly employed, is really a benefactor to the sex.

Dexterity in the manipulation of pessaries can only be cultivated by practice. There is no general rule to follow in their application.

It is a recognized fact throughout the world that the pressure symptoms, including weight in the pelvis, sacralgia, bladder and rectal irritations, difficulty and pain on locomotion, dragging pain in the hips and hypogastric region, combined or uncombined with systematic effects, are relieved by a skilful adjustment of pessaries.

While the evidence in our school has been discouraging as to the curability of uterine displacements by means of pessaries, we must at least acknowledge their powerful aid as palliatives. — Dr. PHIL. PORTER.

The physician who would ignore the progress that has been made in gynecological surgery during the last few years would be left far behind in the race for superiority. And he who fails to recognize and bring to his aid homœopathic treatment is certainly doing his patients an injustice and depriving himself of one of the greatest resources in medicine. The more accurate pathological knowledge of uterine diseases now obtainable enables the scientific physician to add to the objective and constitutional symptoms the pathological symptoms, and thus have a complete picture of the disease in view to aid him in selecting the curative remedy.

Many times the *mode* of making local application does more harm than the medicine does good. It is a safe rule and one that I have never seen formulated, that we may use any means for the relief of our patients in gynecology which give immediate relief, and which, within a reasonable time thereafter, show no symptoms of any unfavorable reaction.

We have the illustrious examples of Hahnemann, Jahr, Hempel, and many other eminent men for the use of local medication in such cases, and of Helmuth, McDonald, Hughes, Ludlam, Comstock, and thousands of others whose devotion to homœopathy is beyond question, as to the benefit to be derived from the combination of constitutional and local medication and surgical treatment in diseases of the uterus. — Dr. C. G. HIGBEE.

For cleansing the cavity of pus I use the Peroxide of hydrogen. This requires much more care in its use, as it is far more liable than Listerine to produce mischief. — Dr. C. R. KINYON.

Among the first in importance is careful and exact diagnosis. It cannot be reasonably asked

or expected that any credence will be given our reported successes in any direction unless we can show that our diagnoses, upon which our claims must be based, are something more than guess-work. We must be able to establish, beyond a reasonable doubt, that the disease or condition which we have treated and cured had an actual existence.

When there has been, from parturition or otherwise, such injury to the cervix uteri that instead of a normal os we find a gaping slit, especially if the lips are everted and the cervical endometrium inflamed and eroded, and with these local evidences are associated various nervous disturbances of greater or less intensity, which may be and probably are dependent upon the injury, surgical repair—restoration of the injured parts to their normal form and relations—offers the only means of removing the cause of the trouble. Then, the exciting cause having been removed, the remedies variously indicated have a chance to effect a cure of the nervous disturbances.

When epithelioma—especially the proliferating variety or cauliflower excrescence—can be discovered in its early or incipient stages, thorough and complete removal of all the diseased tissue may arrest it and render a cure possible, which is more than can be claimed, I think, for any other treatment.

Polypoid growths, which often cause much alarm, especially through hemorrhage, and which are so easily removed, should be cut away or curetted off, and then the remedies to prevent the further development of such growths have their fitting place. In the treatment of uterine displacements, too, surgery should sometimes be applied.—DR. L. A. PHILLIPS.

The neck of the womb had of course been dilated by surgeons and by obstetricians long before Simpson's time, but nevertheless to that startling inventor is justly due the immense credit of showing that the cervical canal of the non-gravid uterus may be, under certain conditions, safely enlarged.

For purposes of dilatation pure and simple I have personally abandoned the use of tents altogether. My chief reasons for this practice are, first, because their action is tedious, involving many procedures where one would suffice; second, their use is horribly painful; third, cellulitis may be induced, or, if latent, may be lighted up by them.—DR. EDWARD T. BLAKE.

Embarrassment of any organ, if prolonged, will divert its functions and lead to the expression of some form of malnutrition.

It is clear that gynecology is a many-sided art, and that she has the undoubted right to draft into her employ any force that will best serve her purpose.

This is therapeutics in the broad and only true sense, embracing correctly all that pertains to the art curative, however administered; laying claim rightfully to every utilizable fact and principle of application within the scope of knowledge.

In the field of pelvic disability there are very many conditions demanding the assistance of local treatment which, with all the light before us, it would be malpractice not to give.

Iodine is a remedy possessing peculiar power over the absorbents, quickening their functions and thus reducing hypertrophies and hyperplasias in mucous, connective or granular tissues.

Twenty-nine thirtieths of Iodoform by weight is Iodine. It possesses the virtues, therefore, of Iodine to a very great degree. Iodized phenol, owing to its large percentage of Carbolic acid, possesses energy of greater value in some cases than either of the other members of the Iodine groups.

The general symptoms calling for Hydrastis are the cachectic state, weak muscular power, poor digestion, and obstinate constipation.—DR. O. S. RUNNELS.

The rapid advance lately made in uterine electro-therapeutics is to be attributed to the attention paid to the details of the application of the electric current according to the indications derived from a careful study of its effect upon living tissue.

The soothing, anodyne effect of the Faradic current is best attained by very frequent interruption of a weak current, the positive electrode being placed as near as possible to the sensitive part, whilst the negative is placed a little distance from it, both being moistened with a warm saline solution. The positive hardens, almost inspissates, the tissues when currents are used of great intensity, hence its application to bleeding surfaces as a hemostatic.

The negative is more applicable when the resolution of neoplastic growths is desired on account of its fluidifying effect.—DR. B. F. BETTS.

Many seem to think that it makes no difference to your patients how you apply your electricity, but this is certainly as unreasonable as to suppose that medicines can be used indiscriminately and your patients cured. I wish to enter my protest against advising patients to use the battery indiscriminately.—DR. J. K. WARREN.

What is the first thing to do when you come face to face with a sick person? *To do no harm.* What is the next? *To do some good.*

Intra-uterine treatment may be necessary in rare cases, and really do good, but it requires an expert, and one with a great deal of experience, to use it with safety, and all the time he should bear in mind that he is "treading upon holy ground," and before he knows he may do more harm than good.

The local application of Chromic acid has caused sudden death, and it is a dangerous remedy.

Now regarding intra-uterine treatment, before ever resorting to it, it is necessary to make a careful diagnosis, for we sometimes have cases where the catarrhal discharge comes from or extends up into the Fallopian tubes from an existing salpingitis. If you get these cases, do not use intra-uterine applications of any kind, for they will do no good.

A case of salpingitis may yield to appropriate treatment from internal remedies, but pyosalpinx will require surgical aid.

The older I grow the less I use pessaries. I have nearly a bushel of them at home, of all kinds, ready for adjustment. I never use a stem pessary. Never! Never!!

Surgery has come greatly to our assistance in gynecological practice; but what I wish to impress upon you here is that diagnosis of the case is of the first and greatest importance. I often see cases of lacerated perinæa, not to mention lacerations of the cervix, where treatment has been carried on symptomatically for months, and no physical examination ever made. Such cases, when they go into the hands of experts, are a disgrace to the previous medical attendant.

Operations for the restoration of perineal ruptures are among the most satisfactory and successful of any that fall to the lot of the surgeon.

The tampon and Glycerine treatment for hyperplasia, erosions and ulcerations has been in use for some years, and has been overdone.

Instead of the tampons saturated with Glycerine, take a tampon of borated cotton and introduce it within the vagina, pushing it against the os. This gives the uterus support, acts better than a pessary, is clean, comfortable and one of the greatest improvements in modern uterine therapeutics.

I would like to speak of the curette and uterine sound. They are valuable instruments and have their places, but do not use them too often. I use them with great caution, for I candidly believe they have done more harm than good.

"Take away all remedies and therapeutic measures in the *materia medica*, and leave me only one to select, and my choice will be hot water." I think this is sound common sense.

From the most recent studies of Apostoli, in Paris, we have learned that the Galvanic current may be utilized as a substitute for the surgeon's knife in some of the most serious affections the gynecologist has to treat.

"The coming man," in uterine therapeutics, is electricity, but it requires patient study in science as well as in art.—Dr. T. GRISWOLD COMSTOCK.

The argument in favor of treating the uterus kindly I most certainly subscribe to. It is a much abused organ (the uterus), often maltreated, overtreated, harshly treated.

But hot water also may do harm by too frequent use, too high temperature, and by prolonging the douche beyond a certain limit.—Dr. JANE K. CULVER.

In the use of hot water, the bulb syringe is too frequently used, and the use of hot water with this instrument is an abomination. I never advise the use of hot water except with the douche or fountain syringe.—Dr. ALBERT CLAYPOOL.

I have seen very severe pains, and even collapse, follow the use of hot water, especially where a small quantity has been thrown into the uterus. A very small amount of water within the uterus may cause a sudden contraction of the organ, producing the most intense agony and pain.

We should never use a nozzle with an orifice at the point, but one which has orifices around the sides.

The prolonged use of hot water should be forbidden; I mean, months together.

It is a positive shame that women are treated for so many months, instances of which we all know, by internal medication alone, without the physician's knowing what is the matter.—Dr. O. S. RUNNELS.

The ligaments act mostly as guys to hold the uterus in its vertical position, and have very little to do in preventing a prolapse. So long as this condition exists you can never cure prolapse with any kind of pessary. In the treatment of flexions the pessary is an important factor, and the surgeon who discards it loses a valuable adjunct.—Dr. N. SCHNEIDER.

Too much treatment of this organ has been the custom in the past. We want more rest for our women and less treatment. I cannot endorse the intra-uterine stem pessary, for I have seen

bad results from it, and would not use it in my own practice. — DR. H. TYLER WILCOX.

OPHTHALMOLOGY, OTOTOLOGY AND LARYNGOLOGY.

Subject: — Tumors of the Eye, Ear and Throat.

Sarcoma of the choroid is a tumor of middle life, rarely appearing before this period, and unknown in infancy.

In the second stage, which is the one in which the patient usually comes to us, symptoms of glaucoma, or iritis, have appeared.

There is but one remedy — excision — and if it is done early enough, and the cut end of the optic nerve presents no evidences of invasion, a good result may be hoped for.

The causes are yet undetermined, but it is certain that sarcoma is especially liable to attack injured eyes or those shriveled from disease. — DR. C. H. VILAS.

It is pretty generally acknowledged that opacities of the lens are due to some disturbance of its nutrition, the causes of which are numerous and varied.

Cases of cataract resulting from diabetes and albuminuria have been known to improve under treatment directed toward the primary disease.

The old school does not attempt to treat cataract by internal medication, and this is but another instance where our therapeutic system serves us where theirs fails, for there is no doubt that the progress of cataract can be stayed by the indicated remedy, and even considerable improvement in vision may follow its exhibition, though we do not claim to cure opacities of the lens with medicine. — DR. B. W. JAMES.

“A large number of cases are to be found in our literature, in which the internal administration of a few doses of the properly selected remedy has worked a wonderful cure of cataract, but the great majority must be taken *cum grano salis*, and put aside with the remark, ‘Mistaken diagnosis.’” — DR. GEO. S. NORTON.

The remedies most commonly indicated are Calcareæ, Causticum, Magnesia carb., Pulsatilla, Silicea, Sulphur, Phosphorus. The latter has several times been attended with good results in my practice.

I have employed Chimaphilla in incipient and progressive cataract with pleasing results, having been able to hold the increasing lenticular opacity in check in quite a number of cases. — DR. B. W. JAMES.

The ophthalmoscope is a powerful aid in the diagnosis of a class of diseases which is daily becoming more common and assuming greater prominence in the science of medicine.

Reich found in his collection of 88 cases of tumors of the brain, confirmed by the post-mortem examinations, either papillitis or atrophy of the optic nerve in 95.4 per cent, and only 4.5 per cent in which no changes were present.

What changes are to be looked for? There are three: — choked disk or papillitis, papilloretinitis, and atrophy of the optic nerve. — DR. G. S. NORTON.

SANITARY SCIENCE.

Subject: — Climatology.

It has not yet been shown affirmatively that any particular climate or any variety of climates has been uniformly beneficial in any particular class of nervous diseases. — DR. WM. OWENS.

Ocean air at a comparatively short distance from the shore is practically pure, and this fact constitutes one great and valuable difference between ocean and land climate. — DR. B. W. JAMES.

There were present at the convention of asthmatics, in Denver, one hundred and seventeen persons. Of this number sixty per cent pronounced themselves cured; thirty per cent as considerably relieved, and the remaining ten per cent were either relieved on the plains or by going to still higher mountain countries. — DR. A. S. EVERETT.

During my residence in Florida I have conversed with persons who have traveled and lived in almost every portion of the globe, and especially with those who have sought a satisfactory winter climate, and the universal testimony is that Florida, considered with reference to climate, presents more advantages than almost any other country, and my own observation compels me to believe that it has an almost perfect winter climate.

The census reports show that Nevada and Florida have the lowest death rate in consumption.

The State of Florida is so located, between the Atlantic Ocean and the Gulf of Mexico, that its entire surface is swept by sea breezes, and this ocean air, mingled with the atmosphere from the pine forests, combines to form a perfect climate. — DR. H. R. STOUT.

The first duty of our profession is the prevention rather than the cure of disease, by disseminating to the masses proper instruction in right living, and to demand from our government wise sanitary laws, both State and National.

We ought to know when to send a patient away from home, where to send him, and how to send

him. The medical attendant at the resort ought to know how long he should remain, when a change is necessary, and much other needed advice in his new home.

It is doubtful if any climate will cure or permanently benefit tubercular phthisis in the second or last stages. These cases should have home care, and not be allowed to die away from home.

In the United States we have as great a diversity of climates as the earth affords; but to utilize them we must endeavor to individualize.

A dry air, a moist air, a high altitude, a medium and low altitude, a cold or a warm climate, each has its special advantages.

Pneumonia is one of the curses of high altitude, probably because it taxes the circulation.

The altitude of immunity from consumption lessens from the equator to the poles, while the diminished pressure of the air is the same for equal elevation, whether at the equator or at the poles.

Pure aseptic atmosphere and sunlight are the first requirements for lung disease, whether it be on the mountain top, sea level or in the valley.

We must not forget that it is a wet soil, rather than a moist air, which is so injurious to health, and that to make a place healthy one of the requisites is to drain the subsoil if it be wet.

Pure air is the life of lung tissue. Both prevention and cure of consumption are due largely to dry soil, pure air and outdoor exercise.

Dr. Osgood shows that our home statistics prove the percentage of deaths by consumption in each State bears an exact proportion to the greater or lesser number of inhabitants who follow indoor occupations.

Phthisis among the men who live in the open air in the Swiss Alps is very rare, while among the women who are employed indoors it is very prevalent.

The mineral springs of this country, like its climates, are legion, and, I fear, are too little appreciated by us.

The three climates of the earth each impresses certain peculiarities on the people who inhabit them, and each has its special classes of diseases.

The mere fact of the pioneer clearing some virgin soil may effect a change in the network of isothermal lines which pass over the country. As forests disappear and drainage increases we find less malaria, but more typhoid and catarrhal diseases.

It is disappointing to learn that the eucalyptus has had no visible effect on the banishment of malaria from the Roman Campagna, and that

whatever has been done in that direction must be credited to drainage and the ardent rays of Old Sol.

The climate of any country depends much upon the amount of sunlight it possesses.

The relations of ozone—oxygen in an active electrical state—to health and disease is an unsettled question.

The paramount considerations for the promotion of health are an abundance of pure air, sunshine and outdoor exercise. Without these no climate is promotive of health or propitious for the cure of disease.—DR. H. E. BEEBE.

ANATOMY, PHYSIOLOGY AND PATHOLOGY.

Subject:—Malarial Pathology.

Although it is true that the subject has been but opened, enough has been conclusively demonstrated to warrant the belief that a constant, if not causative, factor of malarial fever is the *plasmodium malarie*.

The conclusion drawn by Councilman from these investigations is that there are in malarial disease blood changes that render the diagnosis certain, and, further, that when the plasmodia are found within the blood cells the disease is intermittent fever; when the crescents preponderate it is either malarial cachexia or some form of remittent fever, and the value of establishing this conclusion places these among the most important of recent medical discoveries.—DR. F. PARK LEWIS.

It is universally recognized that there are two factors at work in producing malaria: an objective or germ element, the result of vegetable decomposition; and an inner influence called *susceptibility* of the patient.

Malarial diseases have been found in all parts of the habitable globe between 63° north latitude and 57° south latitude; and at all elevations from the level of the sea, and even below that point, to an elevation of 9,000 or 10,000 feet.

It will further be observed that in all places where malarial diseases prevail heat is much greater during the day, and that the chilliness of the atmosphere is much greater during the night than in the surrounding territory.—DR. WM. OWENS.

Remittent fever may be mistaken for enteric or yellow fever. The difference between remittent and enteric fever is generally defined, and a careful examination of the history of the case and the symptoms observed, suffice to establish a correct diagnosis.

The hæmatozoa of malarial fever, both as etiological and diagnostic factors, are worthy of most respectful and careful consideration.

These organisms are considered diagnostic of malarial fever. The amœboid, pigmented bodies within the red corpuscles indicate intermittent fever; the crescentic bodies, remittent or malarial cachexia, while the ciliated bodies are not diagnostic of the type, but of malignancy.

But, as I have before remarked, the diagnosis of malarial fever, as usually seen, is an easy matter, and the wayfaring man, though a fool, need not err therein. — DR. W. H. DICKINSON.

Neuralgia of the ophthalmic division of the trigeminus is of relatively frequent occurrence, as indeed are neuralgias of all its branches, of malarial origin.

V. Arlt describes a peculiar keratitis which he saw following intermittents in eight men during a period of twelve years. The corneal opacity was cloudy, or uniformly composed of spots and irregular stripes, with slight ciliary redness. The patients were sallow and emaciated.

The fact that quinine is so extensively and universally used in the treatment of malarial diseases, and that quinine itself has a very profound effect upon the functions of hearing and vision, partially or completely interrupting both, either temporarily or permanently, renders it extremely difficult, in a given case, to determine whether the loss of function of the special senses is due to the disease or the remedy.

Weber-Liel has given a very comprehensive account of one feature of malarial poisoning affecting the ear. Speaking of otitis symptomatica, he describes a form of inflammation of the middle ear appearing as a complication of the acute infectious diseases, or as the only and local manifestation of an infection, febris recurrens. It is distinguished from simple idiopathic otitis by its peculiar symptoms and protracted course. The pain is especially severe, and of a tearing and boring character, and for weeks the patients pass painful and sleepless nights. After perforation of the membrana tympani, and the appearance of the discharge, relieving the tension and pressure occasioned by the pus, there is no amelioration of the symptoms, while *with simple idiopathic otitis, perforation of the membrane and the exit of pus is followed by complete subsidence of the pain.* — DR. ALFRED WANSTALL.

During the past few years, "malaria" has become the fashionable diagnosis for every disease that affects the human body, from the crown of the head to the soles of the feet. This, I believe, has been carried altogether too far. — DR. GEO. S. NORTON.

ORIGINAL ARTICLES.

POST PARTUM ANNOYANCES: A STUDY.

BY GEO. B. PECK, M. D.

PROVIDENCE, R. I.

DR. PECK read a paper at the last meeting of the American Institute of Homœopathy, of which we have made the following synopsis for the benefit of the readers of THE MEDICAL ERA. In answer to a series of questions sent out, Dr. Peck received the replies given below:

How soon after the birth of the child do you cut the cord?

- 1 in three minutes;
- 1 "in due time;"
- 2 in five minutes;
- 2 "whenever convenient;"
- 2 "any time will answer;"
- 3 in sixteen minutes;
- 9 when the child cries;
- 10 immediately;
- 10 soon;
- 49 when respiration is established;
- 83 when pulsations in the cord have ceased.

* *

What do you do to the uterus before the expulsion of the placenta?

- 15 give it no attention;
- 42 apply friction or pressure;
- 48 keep one hand over it;
- 62 give it only ordinary attention.

* *

How soon after removing the child do you deliver the placenta?

- 1 with the child if possible;
- 1 when there is frigidity of the cord;
- 1 waits five or six hours;
- 2 within an hour;
- 6 "don't hurry;"
- 8 "soon;"
- 10 in five minutes;
- 11 in thirty minutes;
- 12 in ten minutes;
- 15 in twenty minutes;
- 18 in fifteen minutes;
- 25 wait for a pain;
- 37 immediately.

* *

What method do you employ in delivering the placenta?

- 3 leave it to nature;
- 9 insert fingers and grasp it;
- 82 employ expression;
- 101 traction on the cord.

To what method do you resort to prevent uterine relaxation?

- 1 each gives Aconite, Chamomilla, Cinnamonum, Iron perchloride, Hamamelis, Ferrum muriaticum, Millefolium.
- 2 give Nux vomica;
- 3 give Ipecac;
- 3 give China;
- 4 give Cimicifuga;
- 6 give Belladonna;
- 8 give Pulsatilla;
- 8 give Arnica;
- 12 give Caulophyllum;
- 15 apply a binder;
- 60 give Secale (Ergot);
- 124 friction or pressure by the hand.

* *

What do you give for the relief of after-pains?

- 2 give Ipecac;
- 3 give Ignatia;
- 3 give Sabina;
- 3 give Xanthoxylum;
- 4 give Opium;
- 6 give Bryonia;
- 8 give Aconite;
- 15 give Viburnum;
- 16 give Coffea;
- 17 give Nux vomica;
- 18 give Gelsemium;
- 26 give Secale;
- 26 give Cimicifuga;
- 31 give Belladonna;
- 34 give Chamomilla;
- 36 give Caulophyllum;
- 37 give Pulsatilla;
- 56 give Arnica.

The two who give Xanthoxylum are most enthusiastic in its praises.

* *

What do you give to the baby before it receives the breast?

- 1 gives catnip tea;
- 1 gives rice water;
- 1 gives crust coffee;
- 1 gives bran water;
- 1 gives panada-water and milk;
- 1 gives milk, cream and water;
- 2 give oat-meal gruel;
- 3 give condensed milk;
- 3 give molasses and water;
- 18 give water;
- 19 give cracker water;
- 19 give cream and water;
- 42 give milk and water;
- 47 give sugared water;
- 58 give nothing at all!

What do you give the child when the mother cannot nurse it?

- 2 give rice water;
- 3 give goat's milk;
- 4 give barley water;
- 6 give "gruel";
- 7 give oat-meal;
- 9 give Nestle's food;
- 12 give Imperial granum;
- 12 give Ridge's food;
- 14 give cream and water;
- 14 give Mellin's food;
- 20 give Horlick's food;
- 37 give condensed milk;
- 100 give milk and water.

* *

What do you do for inflammation of the breasts?

For internal medication—

- 1 each gives Rhus tox., Calc. sulph., Croton tig., Iodine, Hecla lava and Secale;
- 2 give Phosphorus;
- 2 give Calc. carb.;
- 3 give Ergotin;
- 9 give Pulsatilla;
- 10 give Bryonia;
- 11 give Phytolacca;
- 18 give Belladonna;

For external application—

- 1 each uses vaseline, brandy, lead plaster, Iodine, hot sweet oil, lard and beeswax, turpentine in oil, peppermint, cacao butter, Phytolacca cerate, lard compress, "cooling lotions"; and Hamamelis, Arnica and Camphor.
- 2 resort to strapping;
- 2 use Belladonna and Camphor;
- 2 use Arnicated oil;
- 2 use whisky;
- 4 use lard;

* *

What do you do for caked breast?

For external application—

- 1 each uses Phosphorus cerate, Arnicated cerate, Dulcamara cerate, Almond oil, brandy and sweet oil, Ammonia and sweet oil, alcohol and water, Beeswax, Phosphorus in hot water, hot Glycerine, Poke-root and meal, hot pancakes!
- 2 each keep the parts warm, "warm applications," hot whisky, Cacao butter, Phosphoretted oil;
- 3 use Vaseline and alcohol;
- 3 use Cosmoline;
- 4 "let them alone;"
- 4 use alcohol and water;
- 4 use Hamamelis ointment;
- 5 use Belladonna cerate;

- 6 use steaming;
- 6 use cold water pack;
- 7 use hot poultices;
- 11 keep the milk drawn;
- 13 use hot fomentations;
- 14 support the breast;
- 13 use Phytolacca cerate;
- 17 use applications of Belladonna;
- 32 use hot lard or hot oil;
- 34 use friction (rubbing);
- 43 use applications of Camphor;
- 83 use the breast-pump.

For internal medication —

- 1 each uses Dulcamara, Apis, Conium, Sulphur, Kali hyd., Pulsatilla, Baryta, Cimicifuga and Rhus tox.
- 2 each use Hepar sulphuris, Chamomilla, Veratrum viride, Mercurius, Silicea;
- 3 each use Hamamelis, Arnica, Iodine;
- 5 use Graphites;
- 7 use Phosphorus;
- 11 use Aconite;
- 32 use Belladonna;
- 35 use Bryonia;
- 60 use Phytolacca.

* *

What do you do for cracked nipples?

For internal medication —

- 1 each gives Chamomilla, Belladonna, Bryonia, Aconite, Petroleum, Thuja, Nitric acid, Pulsatilla, Baryta, Hyoscyamus, Ceanothe, Ars. iod., Quinine, Castor equi., Borax, and Merc. corr.;
- 3 each give Argentum nit., Phytolacca, Sepia, Hydrastis, and Arsenicum;
- 4 give Phosphorus;
- 6 give Hepar sulph.;
- 6 give Calc. carb.;
- 6 give Silicea;
- 8 give Lycopodium;
- 9 give Calendula;
- 13 give Arnica;
- 22 give Graphites;
- 23 give Sulphur.

For external treatment —

- 1 uses applications consisting of Glycerine, Glycerine and Cantharis, Glycerine and Hydrastis, Glycerine, Borax and Hydrastis, Glycerine and Hepar sulph., Glycerine and Arnica, Glycerine and Calendula;
- 2 each use hot water, cold cream, Cacao butter;
- 3 use Castor oil;
- 4 use Tannin;
- 6 use gum Benzoin;
- 6 use Vaseline;

- 9 use Cosmoline;
- 9 use Borax;
- 7 use Graphites cerate;
- 11 use Calendula cerate;
- 16 use Hydrastis cerate;
- 14 use Arnica cerate.

A great variety of other applications, too numerous to mention, are made use of by the remaining male "grannies" on the list.

* *

What do you do for milk-leg?

For internal medication —

- 1 each gives Eupatorium, Eucalyptus, Lachesis, Urtica urens, Allium cepa, Merc. bin., Ferrum mur., Collinsonia and Antimonium crudum;
- 2 each give Rhus rad., Phytolacca, Secale, Lycopodium, Chamomilla, Cimicifuga, China and Mercurius;
- 3 give Veratrum vir.;
- 5 give Arnica;
- 9 give Apis;
- 13 give Rhus tox.;
- 16 give Arsenicum;
- 17 give Aconite;
- 17 give Bryonia;
- 23 give Pulsatilla;
- 24 give Belladonna;
- 39 give Hamamelis.

For external application —

- 1 each use Eupatorium, Veratrum, Urtica urens, Iodine, and Cimicifuga, besides various domestic preparations;
- 2 use Hydrastis;
- 2 use Aconite rad.;
- 3 use Calendula;
- 3 use Arnica;
- 8 use Rhus tox.;
- 8 use Belladonna;
- 10 use Pulsatilla;
- 61 use Hamamelis.

Of one hundred and seventy-seven physicians, sixty-one stated that they had never met with a case of this disease.

CANNABIS INDICA IN LAME BACK.

By DR. H. L. MILLER, M.D.

OTSEGO, MICH.

CANNABIS INDICA has been of enestimable value to me during the past three years in the treatment of a diseased condition wherein, previously, I had been powerless for good. I refer to what is commonly called "crick in the back," or "lame back," a peculiar lameness in the lumbar region which interferes

with stooping, lifting, and often with motion of any kind. The patient often complains of an ache, or a sensation as if part of the back were gone, a condition which is virtually the result of a strain, and is in no sense to be confounded with lumbago.

If a patient had come to me three and a half years ago, complaining of the symptoms described above, and asking for relief, I would have said, "I can do nothing for you." To-day I say, "I can cure you."

In the fall of 1883 I treated 37 cases of diphtheria. One of these patients, Mr. B., a man of robust appearance, light complexion, about 35 years of age, was, about one week after apparent recovery, attacked with nephritis. The urine was thick, milky, and loaded with albumin. *Cannabis indica* 3x was prescribed, and patient made a rapid recovery.

About three weeks later Mr. B. came into my office and stated that he had been troubled with a lame back for about twenty years, and that my last prescription had cured him. This statement gave me food for thought. My experience in the treatment of lame back had not been flattering, and I was willing to experiment with anything that would seem to offer any encouragement.

Hering gives but two symptoms for which *Cannabis Indica* might be prescribed in lame back: aching in region of the kidneys, and pain across the spine; cannot walk erect; must stoop.

My next patient of this class was Mr. F., a clergyman, aged 35; dark complexion, and apparently in robust health. In fact the only difficulty he had was a lame back of three years' standing.

I examined the urine microscopically and chemically. My patient was in perfect health with the one exception of the lame back.

I looked for a cause, and supposed I found it in a peculiar position which he occupied in his study, sitting tipped back in a low-backed arm chair, with the feet upon his writing-table (American fashion).

I candidly told Mr. F. of my want of success in treating this difficulty, and my experience in the case of Mr. B. Mr. F. was anxious to begin any treatment which offered a hope of success. *C. Cannabis Indica* 3x, five drops three times a day.

In three weeks my patient reported himself well, and still remains so, now three years, and this notwithstanding the fact that he had, according to agreement, never departed from his old habit of position.

I have now a record of 63 cases treated by this remedial agent, of which 49 were and are cured.

Of the 49, 41 complained of pain in the back, of a dull, heavy nature, aggravated by stooping or lifting; no tenderness on pressure. With the exception of six who had hemorrhoids, they were otherwise in good health.

The remaining eight of the 49 complained of occipital headache, lame back, palpitation, languor and debility, and marked tenderness on pressure over the region of the kidneys. Examination of the urine gave albumin in various quantities.

Fourteen cases made little or no improvement under *Cannabis*, although some responded. Marked benefit under treatment by galvanism. These latter cases were all rheumatic.

In order to test the question of dosage, I gave at different times to the same patient 30th, 12th and 3d potencies, as well as the tinctures and fluid extract. The majority made the most marked improvement under the use of from five to eight drops of the tincture. One patient made a fine recovery under the 30th. This patient's complaint was of one year's standing.

On reviewing the symptoms, I find that 49 patients complained of lameness of the back aggravated by motion. Eight of the 49 presented, in addition, occipital headache; languor and debility; marked tenderness on pressure over the region of the kidneys, and albuminuria. All these symptoms, except albuminuria, can be found under the provings of *Cannabis Indica*.

TRIANGULAR CUSHION SPLINT FOR THE TREATMENT OF FRACTURE OF THE HUMERUS.

BY. A. B. SPACH, M. D.

HEAD INTERN, HOMOEOPATHIC DEPT., COOK COUNTY HOSPITAL, CHICAGO.

THE triangular cushion splint, which I devised two months ago for the treatment of a case of fracture of the humerus then in our wards, has now been in use a sufficient length of time to permit of its merits being fully tested. The result has been so very satisfactory in all respects that I now feel full confidence in giving it to the profession.

First, let me describe its method of construction.

DIRECTIONS:

Measure from the level of the shoulder to below the elbow on the uninjured arm; with this distance, and about four inches wide and half an

inch thick, construct two triangular pieces from some light wood, such as pine. Firmly unite their bases at right angles. From some strong material, such as bed-ticking, cut out a square piece, tack it to the edges of the triangles on one side, fill the space thus made with horsehair, cotton, or some light material; lap over the other piece of cloth and tack it to the other sides of the triangle, rounding out the upper and lower corners, as seen in Figure 1.

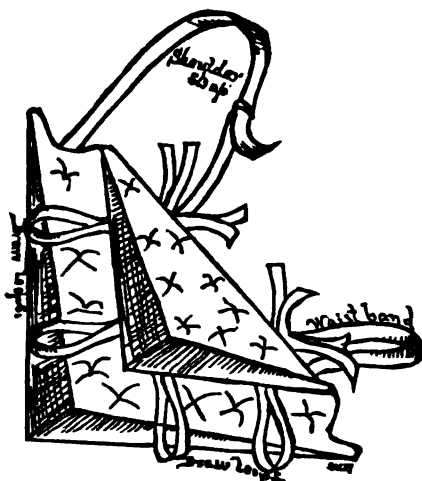


Fig. 1.

Measure from within an inch of the axilla to the bend of the elbow on the uninjured arm. With this distance, and the bases three inches, construct a similar and smaller triangular cushion. Stitch this to the larger cushion, with two lower and two upper draw loops running between the two, and through which the arm is to pass. The sides of the smaller cushion are to be at equal distances from the sides of the larger.



Fig. 2.

Carefully mold a piece of Russian felt or heavy cardboard to the arm, from the shoulder to the elbow, padding it with cotton, and apply it with the roller. Pass the arm through the loops in the cushions; make the loops tight, fasten the cushions to the body with the strap going over the shoulder, and the one going round the body, as shown in Figure 2.

The splint, thus constructed and applied, possesses the following

ADVANTAGES :

1. Perfect immobility of the shoulder.
2. Perfect immobility of the fragments of the broken bone.
3. The requisite amount of extension can easily be made whenever there is shortening. This is done by padding well the lower border of the smaller cushion, and securing the forearm snugly by means of the draw loops.
4. Perfect apposition of broken fragments.
5. It is applicable to fracture at any part of the humerus.
6. It is light and comfortable to the patient.

Its construction is not so formidable a matter as the description might make it appear. A little material, a little tact, and an hour's time will serve to complete one in good shape.

I have now used this splint in cases of both simple and compound fracture of the humerus, and in every instance with perfect satisfaction.

Among its many merits, its chief one is the perfect immobility which it secures.

II.

SYSTEMATIC CHEMICAL EXAMINATION OF URINE FOR CLINICAL PURPOSES.

BY CLIFFORD MITCHELL, A.B., M.D.

CHICAGO.

I. NOTES ON MANIPULATION.

1. *Quantity* : — To collect the urine of young children place a clean sponge over the genitals and fasten the diaper on over it. To measure the urine of 24 hours, use graduated jars like those found at the pharmacies.

2. *Color* : — To determine the color of turbid urine have recourse to filtration.

In order to filter urine there is need of a funnel, filter paper and a receiving vessel of some kind. A filter ring and stand are also very useful.

Funnels for this purpose are of glass, and those three or four inches in diameter across the top are of convenient size. Filter paper is unsized paper, and the best is called Swedish, and comes in commerce already cut in circular form; filters seven and a half inches in diameter fit well into the funnels above described. The filter paper recommended by Prof. Fresenius should be used. In order to fold the filter paper so as to fit it into the funnel: first fold the circular paper in two, then turn the right half, say, over on to the left. In this way a funnel shape is given to the paper; now fit it into the funnel and

it is ready for use. When the paper thus folded has been fitted into the funnel three "pockets" can be seen; the liquid may be poured into any one of these three "pockets" except the middle one. It is often well to wet the paper slightly so as to fit it better to the funnel, and, for quick filtrations where the filtered urine only is wanted the filter paper may be ribbed. At the bedside, use small filters one to two inches in diameter folded as above, and inserted without a funnel into a wide mouthed test-tube. Observe the color of the urine after it has come through the filter paper.

3. *Specific gravity*:—Be careful to note whether your urinometer is standardized to 60° F., or to 77°. Take the temperature of the urine, using a chemical thermometer, and warm or cool it to the temperature to which the urinometer is standardized. Squibb's urinometer, recommended by Prof. Tyson, is standardized at 77° F., and is free from many objections.

4. *Solids*:—In taking the specific gravity with a view to estimation of urea or solids, the urine should first be boiled, filtered while hot, then cooled to standard temperature, 77° F., with a Squibb urinometer, or 60° F., if a common instrument is used.

5. *Reaction*:—Litmus-paper may be procured in the form of little books, which should be kept protected from the air. Blue litmus can be turned red by exposing to action of acid fumes or by immersing in vinegar and water; in the latter case dry before using. Remember that urine on standing may grow more acid, and finally may change to alkaline reaction.

II. TESTS FOR ALBUMIN, PEPTONE, BILE, SUGAR.

In general, examine a specimen of the 24 hours' urine. In doubtful cases, examine the urine of each micturition during some one period of 24 hours; if albumin is sought for, cause the patient to take as vigorous exercise as is prudent before voiding urine for examination; women should take a cleansing injection before voiding urine for examination, especially if they are troubled with leucorrhœa.

A. *ALBUMIN*:—If the amount of albumin is small, or there is doubt as to its presence, as there might be in cirrhosis, lardaceous degeneration, and congested kidney, especially in early stages; or, if it be desired to test for small quantities of albumin in the urine of a patient recovering from acute nephritis, recourse should be had to a careful and systematic search as follows:

(1). Get the urine perfectly clear; filter through several papers folded together, and if it comes through turbid, boil with one-fourth its bulk

of liquor potassæ and filter again. If the filtered urine is still turbid, boil a fresh amount with a few drops of magnesian fluid (magnesium sulphate one part, pure ammonium chloride one part, pure liquor ammoniæ one part, distilled water eight parts) and filter.

(2). Fill a test-tube, preferably a short one, to the depth of half an inch with the clear filtered urine; hold it somewhat inclined in the left hand, and with the right, take up by means of a pipette, preferably roughened at the upper end, pure colorless nitric acid and allow the latter to flow down the side of the inclined test-tube into the urine.

If there is any difficulty in causing the acid to flow steadily from the pipette, rotate the latter, covered by the index finger, between the middle finger and the thumb, as suggested by Dr. Tyson. Wait a few moments until the acid has slowly sunk through the urine, then bring the tube from the inclined position to the vertical. If a whitish zone is seen at the juncture of the urine and acid, albumin is *probably* present. Set the tube aside while the next test is being made.

(3). Pour three fluidrachms of the clear filtered urine into a perfectly clean test-tube, preferably a long, narrow one, and add two drops of acetic acid to it. Shake well so that the acetic acid may be well diffused throughout the urine. Take the reaction by pouring a drop or two on a piece of blue litmus-paper. If the latter is not turned slightly red, add another drop of acetic acid, and try again with the litmus-paper. See that the urine turns blue litmus-paper slightly red, then holding the tube by the bottom between the thumb and forefinger, heat the upper part gradually by boiling. If a whitish turbidity appear where the urine has been heated, and if moreover a whitish zone was seen resulting from the cold nitric acid test, (2) albumin is present, and nothing further need be done.

(4). When albumin is abundant, tests two and three will be noticeably successful; if there is any doubt read the following:

REMARKS.

1. If a turbidity be obtained with the nitric acid test, but nothing at all with the heat test applied to the clear acidified urine, the urine being allowed to stand six hours after the heat test has been performed before a decision is made, albumin is absent.

2. If with the nitric acid test we are unable to see any zone or turbidity, but with the heat test a turbidity is plainly visible, add a few drops of nitric acid to the urine which has been boiled, and if the turbidity disappear albumin is

absent. If it does not disappear add up to 15 or 30 drops of nitric acid, and if the turbidity persist, albumin is present. [Go back to the test-tube in which the cold nitric acid test has been performed, and after it has stood for a time you will probably in a good light be able to see a few flakes of albumin. Even if you do not, however, the heat test now indicates a very small amount of albumin.]

3. Whether the nitric acid test shows a zone or not, if the heat test shows nothing at the time it is performed, but, if after six hours, a turbidity is noticed, supply heat again and if the turbidity disappear, albumin is absent; if it does not disappear, on boiling, albumin is present. [Go back as in (2) to the test-tube in which the cold nitric acid test has been performed.]

4. If, before making the heat test, upon adding acetic acid the urine becomes turbid (as compared with a specimen of the clear filtered urine to which nothing has been added) and if, after heating, this turbidity is not increased (seen by comparing with the same bulk of clear filtered urine to which the same amount of acetic acid has been added, but which has not been boiled), albumin is absent. If the turbidity is increased, albumin is present. The conditions described in 2, 3 and 4 will not usually cause any trouble. I lay great stress on the importance of comparing results, and have seen dozens of students detect albumin in this way who were unable to see any change before comparison was made. Moreover, comparison does away to a great degree with the necessity of a good light, dark back-ground, etc., and thus saves time.

5. If the urine has been boiled with an alkali to make it clear, it should be carefully neutralized, by addition of acetic acid, drop by drop, before the heat test is tried. Add the acetic acid, drop by drop, taking the reaction by pouring a drop of urine on red litmus-paper. When the urine turns neither red litmus-paper blue, nor blue litmus-paper red, it is neutralized. Then add two drops more, shake well, and, as a matter of precaution, pour a drop on blue litmus-paper, and if it turn the latter slightly red proceed with the heat test. If not, add another drop of acetic acid to the urine, and so on, until the blue litmus-paper be turned distinctly red. *Care must be taken not to add too much acetic acid;* freshly voided urine can generally be filtered clear through several thicknesses of filter paper, and effort in this direction should always be made first.

6. Instead of a pipette, my own device, a small glass syringe, may be used, to which a glass tube, slightly tapering, is connected by rubber tubing. I have found this superior to the pipette in point

of ease of manipulation. Fill the syringe with the acid, then inserting the tip of the small glass tube inside the test-tube held inclined in the left hand, with the right forefinger gently press on the piston. The acid will flow out very regularly and slowly, and a clear-cut, well defined zone is seen, if albumin be present. The syringe should, of course, be well packed and in good order.

A NEGLECTED REMEDY—COPAIBA OFFICINALIS.

By A. P. BOWIE, M.D.,

UNIONTOWN, PA.

[Transactions Hom. Med. Soc. of Pennsylvania, 1887.]

VARIOUS remedies frequently employed by old school physicians are, it seems to me, neglected on that account by practitioners of our school, and one of these remedies is *Copaiba officinalis*. The classical use of this remedy in gonorrhœa has caused it to be used for this disease alone almost, and while the doses in which it has been given are such that new symptoms would arise—thus furnishing a clue to its further use—for clinical symptoms have an undoubted value to those who know how to make use of such knowledge, not only for furnishing new indications for remedies, but for confirming provings.

In an old work by John Armstrong, M.D., published in 1826, he calls attention to the use of *Copaiba* not only in affections of the urethra, but in other diseases of mucous membranes. He says: "From the remarkable efficacy of *Copaiba* in an acute inflammation of one mucous membrane, we might ask has it a *similar* power over a *similar* affection of every mucous membrane? And, another proper question to ask, are the effects of the remedy confined entirely to the mucous membranes?"

Armstrong mentions the use of the remedy in croup, trachorrhœa and leucorrhœa.

All writers I have examined agree as to its having a specific action on mucous membranes, and some mention its action on the skin.

In Allen's *Encyclopædia* over three hundred symptoms are given, showing that its sphere is not confined to these parts of the body alone, although the most marked and characteristic symptoms are of the skin and mucous membranes. This schema will well repay a careful study, and I may here remark that those who have the *Encyclopædia* of Allen and do not read and study it, I am afraid lose many a therapeutic gem which may be found by delving in its pages.

But the chief object I have in view is to verify some symptoms of this remedy and report its efficacy in retention of urine in aged persons. *In old persons (men, I should say) who from cold or other causes cannot urinate, or where there is a frequent desire to pass water and only a few drops pass with much straining — frequently with a mucous discharge from the bowels with much rumbling and rolling in the abdomen — no remedy has proved more efficacious than Copaiba officinalis*; in fact I consider it a specific for this group of symptoms, as I have used it in at least a dozen cases with entire relief. Of course the catheter will have to be used when necessary, and the remedy homœopathic to the above group of symptoms is Copaiba in five-drop doses of the first dilution on sugar. Before using this remedy I must confess my success with this class of cases was far from flattering, but now I no more dread the summons to an old man who cannot pass his water, for with Copaiba and a flexible catheter I can give speedy relief. When using the catheter I always apply the pure balsam to the instrument, and I believe it aids in the cure and is far more soothing than lard or sweet oil.

To relieve the burning and itching at the anus caused by hemorrhoids I know of no remedy more efficacious than Copaiba, ten drops of the balsam to one of Vaseline. I always used the indicated remedy internally, and the relief afforded by the external use of the remedy is marked and permanent. The action of the remedy in urethritis, specific and non-specific, and bronchitis in old people, has been very satisfactory, and if I succeed in calling the attention of the Society to a neglected remedy, I shall have succeeded in the object of this paper.

RHUS TOXICODENDRON IN DIPHThERIA OF THE LIPS.

By THOMAS NICHOL, M.D.,

MONTREAL.

[Transactions Hom. Med. Soc., of Pennsylvania, 1887.]

ON April 6th, of this year, I was called to Miss G. D., æt. 10, who was said to be ill with measles. I found a typical case of the disease which readily yielded to Aconite, third decimal trituration, in repeated doses. I was attending an aged relative in the same house, so I saw the girl more frequently than I otherwise would have done, but she was dismissed quite well on April 12th.

But on April 19th, I was called to see Miss G. again, and was told that she had an eruption on both lips. I went expecting to see an ordi-

nary case of *herpes labialis*. I found something entirely different. Both lips were large, prominent, tender, and of an ashy-gray color, and this arose from the infiltration beneath the mucous membrane of an albuminous-looking matter, behind which was a layer of some dark-colored fluid which I conjectured to be blood. The face, especially the forehead, was bluish in hue and decidedly cool in temperature, and all the features were drawn and pinched. The submaxillary glands were greatly swollen, but all the cervical glands remained normal. The pharynx and tonsils were clean and not at all inflamed; and a very faint injection was present which would not be noticed under ordinary circumstances. The pulse was 96, small and thready; temperature 97.3°. The tongue was swollen, pale, and covered with offensive mucus very similar in hue and odor to the lips. The patient was extremely prostrated. I diagnosed diphtheria of the lips, having seen a number of cases during the epidemic which raged in the county of Norfolk, Ontario, from 1858 to 1864. I prescribed *Rhus toxicodendron*, sixth decimal trituration, a small powder in twelve teaspoonfuls of water, a teaspoonful every hour.

Next day I found that the mucous membrane of both lips had broken, and they were now coated with an albuminous membrane mingled with blood — the latter being thin, watery and strikingly like plum-juice in color. The lips were still very large, and the carrion-like odor was very offensive. The submaxillary glands were larger; throat still clean. The pulse was much the same as on the previous day; temperature 97.5°. The tongue was but little changed, and the only favorable sign was the somewhat improved strength of the patient and a slightly increased feeling of well-being. The face, too, was not quite so bluish. Continued *Rhus toxicodendron*, sixth decimal, in the same manner.

On the third day the lips were smaller and dryer and of less disagreeable odor. The tongue was cleaner; the pulse 84, stronger and firmer; temperature, 97.9°. The most marked improvement was in the strength, while at the same time the face was more of the natural pink and white. The glands were smaller; throat unchanged. Continued *Rhus toxicodendron*.

On the fourth day the dark-colored crust on the lips began to peel off at the edges, revealing a raw sore which already showed signs of healing. The tongue was almost normal, the pulse down to 76, stronger and firmer. The improvement in strength still continued, glands very small; throat still clean. From this time the

improvement was very rapid, and on the eighth day the patient was dismissed.

I was originally guided to the use of *Rhus toxicodendron* in this phase of diphtheria by the symptoms, "the lips are dry and parched, covered with a reddish-brown crust, black lips," to be found in the second volume of *Jahr's Symptomen Codex*, page 680. I have seen these indications repeatedly confirmed in cases of *Rhus* poisoning, where the lips passed through just such a morbid process as that which I have endeavored to describe.

THREE CASES OF SCIATICA.

By WILLIAM J. MARTIN, M.D.

PITTSBURGH, PA.

[Transactions Hom. Med. Soc., of Pennsylvania, 1887.]

THESE three cases of sciatica, recently treated, illustrate very forcibly, that in order to cure our patients we must prescribe for the *symptoms* in each individual case, and not for the disease. Sciatica *may* be cured by any medicine in the materia medica, but *no one drug in all our materia medica can cure all cases*. True, one, two, three, or a half-dozen remedies are more frequently indicated than others, but in choosing our remedy, we must not allow ourselves to be confined to any limited number of drugs.

These three cases were cured, one by *Arsenicum*, one by *Rhus tox.*, and one by *Colocynth*, yet they were all cases of the same disease.

Mr. McM., a very vigorous old gentleman of over sixty years of age, has been a healthy man all his life, he cannot remember of being sick in bed. When I was called to see him (April 1st), he had been confined to the house one week with sciatica (so pronounced by the old school M. D. who had preceded me in the case). While no fault could be found with the old school M. D.'s diagnosis, the patient became dissatisfied after a week of treatment; he was getting worse all the time, and refused to take more of the medicine. In examining into this case, I found that the prominent symptoms were: First, distinct and well marked and very violent aggravation every night after midnight. Second, very restless, tossing about in all positions, he cannot be kept in bed and cannot sit still in a chair and cannot walk. Third, marked relief from heat and hot applications.

Now with these symptoms so prominent, viz.: periodicity, *i. e.*, the attack coming every night; time of aggravation, *i. e.*, after midnight; and the conditions of amelioration, *i. e.*, heat and hot applications, there could be no question as

to *Arsenicum* being the indicated homœopathic remedy. It was prescribed, the third trituration, a few grains dissolved in a glass half-full of water, a teaspoonful every half-hour during the paroxysms and every two hours at other times.

The first night after I prescribed for him, the attack came a little later, and was shorter and less severe than before. The remedy was continued, and the paroxysms continued to grow lighter and shorter until in eight days from beginning to take the *Arsenicum* he was entirely well, and to this date has had no return of the trouble.

The second case is that of a large, muscular man aged about forty years, whom I was called to see June seventeenth. He had in former years suffered with attacks of sciatica, and knew what was the matter with him; but had never had such a violent attack as this one. The pain makes him "yell like an Indian;" his pain is worse when he is still. Two days ago while he was feeling some little soreness in the limb—it was the right one—he walked to a funeral and back home again, about fourteen miles in all, and while he kept walking his leg did not hurt him, but when he got home, he was very tired and he lay down, then the pain returned and steadily increased, and when he tried to rise for the purpose of undressing he could not stand. His family put in the night applying hot cloths, which had been sufficient to relieve him in former attacks, but now only gave him slight temporary relief.

Next day, in the afternoon, I was called, and prescribed *Rhus* in water, a dose every half hour until relief came. The reasons for selecting *Rhus* were: the aggravation when still, the amelioration by walking—(while he was able to walk); and the cause of this severe attack, which I took to be from a strain—that he had started out while suffering in a mild way with sciatica, and walked so far (with relief while walking) that he strained himself.

He commenced to take *Rhus* about four p. m., and the following morning at ten, I found him resting quite easy,—though he had had a hard night of it; so the remedy was continued, and the next day he had very little pain, but was restless and had a paralyzed feeling in the leg. The *Rhus* was continued, and the improvement continued from day to day, and in six days he was able to come to the office, and in ten days he went to his work, which is very heavy labor in a rolling-mill.

This was one of the nicest cures I have seen of this troublesome affection, and I feel like explaining the beautiful results thus: first, I hit

upon the right remedy to begin with, and second, the case had not been spoiled by previous old school drugging, or by new school drugging either.

My third case is that of a young married woman who was a sufferer from sciatica following typhoid fever. Her attendant, one of the regulars, after treating her for many weeks, finally tells her that it is useless to send for him every time she has a severe paroxysm, that all that can be done is for her to take Morphia to alleviate the pain, that it takes time for the system to throw off the disease, and that there has been no medicine found curative in sciatica. Being told by a friend that I had given him medicine that cured him of a severe attack of sciatica, she sent for me.

The prominent symptoms of the case were these: Sharp drawing pains in the lumbar region, hip and thigh of the right side, coming at irregular intervals and of intense severity, aggravated by any motion and only endurable when lying perfectly still with the thigh tightly flexed on the abdomen; soreness and lameness follow the attack. These symptoms all called for Colocynth, which was prescribed in the third dilution, ten drops in a goblet half full of water. This prescription was continued for forty-eight hours, without any perceptible benefit. Yet nothing in materia medica was as well indicated as Colocynth. I observed that she was a little nervous, verging on the hysterical, and remembering how Dr. J. H. McClelland had told me some ten years ago, when I had him see a case with me at our old hospital,—a female patient of similar disposition, also suffering with sciatica and to whom I was giving Colocynth 3x, that many of this class of female patients get along better when they can taste the medicine, and for me to give her a few drops of Colocynth tincture in water, which I did, and she improved rapidly. So, too, with this patient, when I changed from Colocynth 3x to Colocynth tincture she improved steadily and in a few weeks was able to come to my office. Under the Morphia treatment she had been confined to the house some three or four months.

The Colocynth was given thus: six drops in a glass half full of water, a teaspoonful every two hours, but during a paroxysm of pain she was to have a dose every fifteen minutes. The result was that the paroxysms were shortened and their frequency diminished until she was well. This treatment was followed by a few prescriptions of Pulsatilla 3x, which corrected some menstrual trouble and cured her of leucorrhœa.

This case was treated last winter, and I have not heard of her having any return of her trouble since.

I have used Gnaphalium in sciatica, and cured more cases with it than with all other remedies put together. The special indications for its use are pains of a burning character followed by numbness in the affected part. I have also successfully used Gnaphalium in cases in which the burning was not present. In one such case the pain was of a decidedly aching character and affected the entire length of the limb. It excited cramps, particularly of the calf muscles. There were also coated tongue, more or less headache, indifferent appetite, and constipation. Nux vomica was given without success. Bryonia and Sulphur were also prescribed with like results. Then Gnaphalium was given and cured the case.—*Dr. Pemberton Dudley.*

I have also used Gnaphalium in sciatica with excellent results. A feeling of lameness, independent of pain, is a good indication. I have usually used the tincture or the first dilution of the drug.—*Dr. Aug. Korndorfer.*

Organized opposition to homœopathic truth, although of late years, from motives of policy, is less pronounced, covertly is as earnest and active as at any time in our history.

So long as the dominant school refuses to accept the homœopathic principle as the leading one in the domain of therapeutics, and places us and our school under a ban because we hold such a tenet; and so long as non-homœopaths refuse to teach their own students the benign truths of homœopathy, it is incumbent upon us to hold our position; to maintain a separate organized existence; and, above all, to retain the distinctive name; for, if we give up our name, who, and what, and where are we?

The distinctive name is our birthright; it is ours by inheritance; it is ours by conquest; it is ours, and ever will be ours, in spite of ourselves, so long as homœopathy is known as a recognized method of cure.—*Dr. H. M. Paine.*

Our students go to the Continent and come back like the Argonauts of old, with tales of wondrous operations, the like of which would never be permitted in this country. Ask them the treatment of typhoid and other diseases, or the details of medicine for the cure of the sick, and they look at you with astonishment.—*Dr. Willard.*

SELECTIONS.

The Prevention of Mammary Abscess.

Miall says that when mammary abscess is on the point of forming, he has frequently seen all the symptoms disappear in a few hours under the influence of fomentations with hot water and Carbonate of ammonia. He uses an ounce of the Carbonate in a pint of water, and, when solution is accomplished, the temperature of the fluid will be hardly too high for fomentation to be commenced with cloths dipped in the liquid. He applies them from half an hour to two hours, at the same time protecting the nipples. He has often had immediate relief, and seldom requires more than three applications.— *Medical News*.

Homœopathy on Trial.

Take for example the cure of a case of epilepsy, that had some months of skilful allopathic treatment, without benefit. This cure was accomplished by a few doses of less than the one thousandth of a grain of water hemlock, known to our materia medica as *Enanthe crocata*, and selected strictly according to the law of similars. Not another spasm of the complaint occurred after the medicine was given, while before they numbered several a day.

Another example. The cure of a case of marasmus in an infant given up to die by two of our most skilful old school physicians, the curative medicine being fool's parsley — otherwise known as *Ethusa cynapium* — in doses less than one millionth of a grain.— *Dr. W. E. Hathaway*.

Electricity as a Galactagogue.

In 1884 a patient, in whom the usual medication for diminished lactation had failed to increase the secretion, was successfully treated through the application of Faradic electricity. Since that date Pierron has treated a number of such cases, and always with complete success. The mode of operating consists in placing the positive electrode, having the form of a spherical cup, over the nipple, while the negative electrode, terminating in a ball, is placed below the breast; in this manner the orifice of the gland is the first to be excited. Afterwards, the positive electrode is moved over the entire surface of the gland, while at the same time the negative electrode is displaced in such a way that the former will converge toward the latter. The current should not be strong enough to excite pain. Each application should last ten minutes, and be renewed

daily until milk is obtained, which rarely fails to appear after the fourth application.— *World's Med. Review*.

Boracic Acid in Gonorrhœa.

My experience with Boracic acid and Glycerine in the treatment of subacute and chronic gonorrhœa has been so successful for the past year that I can confidently say it is almost a specific; I have used it in thirty cases, and only in three did it fail. One of them was a heavy drinker of spirituous liquors, and the other two had strictures, which it was necessary to treat in the usual way before the discharge ceased. The mode in which I use the acid and Glycerine is as follows: I prepare about two drachms at a time, which is sufficient for one *seance*, using half a drachm Boracic acid and one and a half drachms Glycerine; then, by the use of a soft rubber catheter of proper size, one which will pass easily the full length of the urethra, and a hard rubber syringe, with a nozzle of large enough calibre to allow the paste to flow freely, I commence injecting from the prostatic urethra, gradually withdrawing the syringe, and stripping the catheter with thumb and forefinger, until the full length of the urethra has been thoroughly saturated. This is to be repeated every second day.— *Med. Record*.

Strophanthus in Heart Disease.

Last summer I treated a young lady for a peculiar organic disease of the heart. The pulse was very rapid and thready. On auscultating, I heard a very loud, cooing sound all over the cardiac region. I say cooing — it was not the purring sound described in stenosis of the left auriculo-ventricular opening. Neither was it like the bellows murmur — there was no blowing at all. I think this peculiar sound was caused by constriction.

The heart disease was caused by fright, and was of some months' duration when I first saw the patient. I gave Digitalis, Aconite, Spigelia and Glonoine for fourteen days, without any apparent benefit — trying each medicine a few days. Then I prescribed Strophanthus 1x, as I had seen it very highly spoken of in the journals. Patient took three drops of Strophanthus 1x, every four hours, for eight days. I found then some improvement. A week after, when prescribing again, I found great improvement; patient more cheerful and hopeful. The two last prescriptions, scarcely any cooing sound. After improvement, the interval between doses was in-

creased, and the dose reduced to one drop of first decimal. She took *Strophanthus* over 36 days, and was at least temporarily much benefited.

I am not able to say how permanent the improvement may be. I regard *Strophanthus* as a very great addition to our heart remedies. Its sphere, perhaps, lies between *Digitalis* and *Cact. grand.* In my experience, *Digitalis* is not worth a great deal in attenuated doses, unless there is an intermittent pulse.

The diet must be watched, as any indigestion increases the distress of the patient, and may cause a fatal issue. Tea and buttered toast are about the worst diet that can be given, as they often cause flatulency, which is always distressing. The grains, with cream and milk, when liked by a patient, will be found suitable diet in most cases. — *Dr. Cummings, in the Clinical Reporter.*

Etiology of Phthisis.

Phillip, of Edinburgh, sums up his views on the causes of phthisis as follows:

1. In view of the work of Koch, it is impossible to avoid admitting that a causal relationship exists between the tubercle bacillus and the phthisical process.

2. The mere predication of this relationship is not sufficient in explanation of the clinical facts and the generally fatal termination of such cases.

3. The usually received explanations of the *modus moriendi* in phthisis are insufficient.

4. It appears probable that the lethal influence of the bacillus is due to the production thereby of certain poisonous products.

5. Clinical and experimental evidence appear to indicate that the morbid secretions from the respiratory surfaces afford a good medium for the growth of the tubercle bacillus and, presumably, for the elaboration of such products.

6. Such a product is separable from the carefully selected and prepared sputum.

7. This product is possessed of well-marked physiological properties, being eminently toxic to frogs, mice, and other animals.

8. The toxic properties of the product are, speaking generally, depressant.

9. More particularly they include a marked depressant influence on the heart.

10. This depressant influence seems to be exerted through the medium of cardio-inhibitory mechanism.

11. The toxic action of the product is more or less completely opposed by *Atropine*.

12. The amount of the product which may be separated appears to bear a distinct relation to the abundance of the bacillar elements present.

13. Absorption of the poisonous products most probably occurs by way of the lymphatic circulation. — *Med. Times.* — *World's Medical Review.*

The Germ Theory as a Subject of Education.

The time is past when it is necessary to discuss the probability of the "germ theory" as explaining infectious diseases. This is no longer a theory, but as fully demonstrated as most of the other universally accepted conclusions of science. No one to-day who is competent to form a judgment from a knowledge of the facts, will doubt that many infectious diseases are caused by the growth of microscopic organisms in the body. Of course, no general proof of the parasitic nature of all infectious diseases has been adduced, nor is such general proof possible; but when the causal connection between certain specific bacteria and definite infectious diseases has in many cases been proved by a demonstration so conclusive as to be beyond question, and when such causal connections have been rendered extremely probable in many other cases, indeed in almost every infectious disease, it is only ignorance of the facts that can explain any doubts as to the very general applicability of the theory. It is true that many, perhaps a majority of practicing physicians, do not have much sympathy with the conception of the parasitic nature of infection, sometimes indeed treating the whole subject with ridicule. Some are incapable of forming correct judgments, but most of them have not found the time or inclination to study the subject enough to know what facts have been established. At the time when most of the physicians who are now practicing were pursuing their studies, the germ theory of disease was scarcely entertained as a theory, and nowhere accepted. Only three or four years ago some of our better medical schools taught their students that the theory was a wild hypothesis, and destined to be exploded like any other visionary speculation. It is not surprising therefore, that they should still refuse to accept a theory which so revolutionizes the conceptions of disease. But our leading physicians, including professors in better medical schools, are now convinced of the truth of the theory and the great importance of the subject, and medical papers throughout the country are giving more and more space to the subject of bacteriology. — *H. W. Conn, in Science.*

NEWS FROM THE COLLEGES.

Philadelphia.

HAHNEMANN MEDICAL COLLEGE.

"The most contemptible way of committing suicide is to blow your brains out over a room, or, worse yet, to jump from a fourth story window and present a fearfully mangled carcass to your already horrified friends," is the way Prof. Williamson put it while lecturing on psychology.

"Notice the connection of rectal troubles with glaucoma" says Prof. Mohr. "I have several times observed a proctitis precede manifestations of this trouble." He also told us of accidentally curing a case of prolapsus of the rectum with Euphrasia while treating the patient for catarrhal ophthalmia and so, having observed this relation between the rectum and the eye, thinks it an additional point for Euphrasia in glaucoma.

The rectal symptom for Euphrasia is: Inability to sit squarely on a chair; sits first on one buttock, and then on the other, never on both at one time.

Prof. Betts thinks pruritus (local or general) often the result of stenosis of the cervix, which by retaining some of the discharges reflexly causes a neurosis, or possibly may cause a blood poison, thus producing the itching sensation.

In Prof. C. M. Thomas' first clinic on surgery this year he performed perineal section for stone under Cocaine, and the operation was very successful, the patient not once calling out and only towards the latter part, when the Prof. put his finger in the bladder, did the man make a wry face.

In our clinics now almost all the minor surgical operations, especially on adults, are done under the effects of this anæsthetic, a 4 per cent aqueous solution being used, and almost always with complete success.

While Prof. Dudley was lecturing on climatology he spoke of Southwestern Texas as being the best place to send the hemorrhagic cases of phthisis and he quoted Dr. Jos. Jones of San Antonio, Texas, as telling him "that of 100 cases of phthisis, taken hit or miss, in Philadelphia, and sent there, 50 per cent will get well." When Prof. Dudley asked as to what kind of physicians his patients would find to take care of them there, Dr. Jones told him they did not need a doctor. And the Prof. says, in conclusion: "That is what causes me to put so much faith in what Dr. Jones says, as it shows that this place is not, as many of the so-called health resorts are, merely a place to send your well-to-do patients, that the resident physician may collect large fees from them."

Prof. Mitchell says that he has found scraped raw beef, frozen in wafers between lumps of ice, to be retained on the stomach in case of obstinate vomiting, particularly of pregnancy, when all else failed.

He also told us that a baby cannot generate heat, and that if a new-born infant's temperature gets sub-normal, it will not do to merely wrap it up in flannel as we would do with an older child or adult, but the flannel must previously be warmed and the child must have artificial heat.

Boston.

UNIVERSITY SCHOOL OF MEDICINE.

Dr. Ahlborn recommends the hot pack in cases of acute nephritis when dropsy is at its height. This treatment invariably induces perspiration and almost invariably gives relief. It should be continued for four hours if necessary, when the skin, before tense, will be found much relaxed and the patient brighter. Follow up this treatment until the urine shows a decrease in albumin. As an auxiliary, Aconite 3x, hourly, will support the perspiration and materially sustain the heart's action.

In severe cases of diphtheria, in which there is very rapid swelling of the throat and the swelling so marked as to obliterate the angle of the inferior maxillary bone, Dr. J. H. Smith recommends a poultice of rye meal (2 parts) and (1 part) *powdered and sifted* Phytolacca, mixed in dry state thoroughly, then stirred with vinegar over a fire. These poultices should be changed quite often. In 18 hours the swelling will have subsided. Phytolacca is also often indicated in these cases internally.

Dr. J. B. Bell, in a recent lecture on the dressing of wounds, strongly advocated surface drainage by the use of Glycerine. A compress, saturated in a solution composed of one-third Glycerine and two-thirds water, is placed directly over the stitches. The drainage tube is left sufficiently long not to interfere with the compress. The Glycerine is found to absorb all oozing from around the stitches or from the wound before it begins to heal.

For torpid, indolent, gangrenous ulcers, in persons of a strumous diathesis, which will not respond to other remedies, Dr. Jones recommends a poultice of finely divided soil containing a goodly amount of clay. Apply in a *perfectly* dry state. The antiseptic properties of the soil will be seen to a remarkable degree.

Chicago.

HAHNEMANN MEDICAL COLLEGE.

Prof. Fellows says in the *petit mal* form of epilepsy, where the patient has one or more spasms each day, if breakfast be taken in bed it seems to ward off the attack for that day. Without this precaution, as soon as blood circulates more freely through the brain, brought on by the exertion of arising from bed, the fit seems to come on.

Prof. Hoyne said, in speaking of the eruptive fevers: Don't make a positive diagnosis of your case until you see the eruption.

Prof. Hall says that the plaster cast is the cause of more non-unions and false joints than any other form of dressing that can be applied to fractures.

Prof. Ludlam, in a general talk on post-puerperal diseases, said that all troubles peculiar to women in that state are related to either pyæmia or septicæmia. No matter whether it be pleurisy, pneumonia, small-pox, scarlet-fever or what-not, they all have the same connection.

On the differentiation between the two he stated as follows:

SEPSIS.	PYÆMIA.
1. Comes on or begins in the first nine days.	1. Beginning after the ninth day.
2. Begins generally with a chill, but chill does not recur.	2. Begins with a chill, and the chill recurs. The more severe the chills the more grave the case.
3. Hilarious; seems to be drunk; very drunk and happy.	3. Dull, stupid; wants to be let alone; takes no interest in anything.
4. May expect high temperature; if highest in the morning very grave sign; highest in the evening, good sign.	4. Do not <i>always</i> find high temperature, but find it up in proportion to the severity of the case.
5. No pulse signs that can be depended upon.	5. No diagnostic pulse signs.

He also said, in speaking of the pulse of a lying-in woman, that when the pulse reached 120 or more look out for peritonitis, endometritis or phthisis pulmonalis.

To differentiate between the first two he gave the following hints:

ENDO-METRITIS.	PERITONITIS.
Stinking and very offensive lochia.	Lack of offensive lochia.
May or may not have pain.	Localized pain.

Prof. Watry gave the following prescription for ear-ache caused by acute suppurative inflammation of the middle ear.

R. Ext. Plantago Maj. - - - ʒiv;
Tinct. Bell. - - - gtts. xv;
Tinct. Aconite Rad. - - - gtts. x;
Magendie's Sol. Morph. gtts. xx;
Aqua q. s. ad. - - - ʒ.

M. S. 3 to 6 drops in the ear every 15 minutes until relieved.

The final examination begins Feb. 6, and commencement exercises the 16th. About 75 are coming up for graduation. The incoming senior class consists of over a hundred members.

Iowa City.

Prof. Cowperthwaite advises to study carefully the appearance of the tongue when differentiating between Podophyllum and Nux vom. in morning diarrhoea. In Podophyllum the coating is usually yellowish while in Nux vomica it is more nearly white—Podophyllum *may* have a white coating, but it is *thicker* than in Nux.

Subinvolution is the type of Lilium tig., and is one of the newer and best remedies in treatment of female troubles. Its action is much the same as Sepia, but can be distinguished from it by the aggravation of symptoms in the afternoon, Sepia then being ameliorated.

In typhoid fever Arnica should be given a more prominent place. It is indicated when the capillaries are relaxed, *i. e.*, when ecchymosis appears.

Baptisia, if given before suppuration takes place, is both abortive and curative. A teaspoonful every half hour of the tincture or 1x., in water.

Opium is called for in the same disease when the heat of the bed is intolerable.

Colocynth is given first rank in treatment of Sciatica; Xanthoxylum and Gnaphalium being next in order.

The best antidote for Rhus tox. poisoning is Grindelia robusta, both internally and externally.

Aconite and Belladonna should never be given in alternation, as it is a "slip-shod" way of prescribing. Veratrum viride beautifully covers the middle ground.

The Professor upholds the temperance cause by advising the graduating class to take with them, when called in the country on a cold day, a bottle of coffee instead of whisky, the effects of the former being sufficiently stimulating and less injurious.

Prof. Dickinson obtains the best results from Podophyllum 30x to 200x and even higher in morning diarrhoea of a serous character.

The higher potencies of Nux vom. are also better acting than the lower, particularly in old or chronic cases.

For sore and chapped lips apply equal parts of tincture of Calendula and Glycerine; for burns substitute oil for the Glycerine. It acts like a charm.

Prof. Gilchrist says: Simple fracture of the patella should be converted into a compound one and treated as such.

As a dressing in all wounds and fractures Hypericum is of the highest importance. Calendula to promote repair.

For "loose joints" and lax muscles Brucea is the indicated remedy.

Prof. Cogswell says that Caulophyllum 2x given once a day for six or eight weeks prior to labor, will greatly facilitate it.

There is no more sense in using a vaginal syringe after labor than after the menstrual flow.

In post partum hemorrhage China 2x should be given every five minutes. After-pains are greatly relieved by the application to the parts of hot bags of salt. Arnica and Gelsemium are the remedies.

St. Louis.

HOMŒOPATHIC MEDICAL COLLEGE.

Prof. Schott advises students when they get a case of scarlet fever, to warn the friends of the patient against his taking cold, as dropsy may result. Dropsical symptoms may show themselves four weeks after the patient has been discharged as cured.

He also says that in measles one must not expect the fever to subside as soon as the eruption comes out; the symptoms increase when it first appears, and reach their height about the second day of the eruption.

In a new-born infant, collapse of the lungs may follow a chill; he therefore advises against bathing the child immediately after delivery, but, instead, to rub the child over from head to foot with sweet oil. Collapse may also be caused by the band around the child's body being so tight as to impede the respiration.

Minneapolis.

HOMŒOPATHIC MEDICAL COLLEGE.

Prof. Hall says: When vertebral caries is suspected, examine by passing a piece of ice along the spine, or use instead a sponge dipped in cold water, or one of the electrodes of a battery. The carious spot will be found more sensitive than other portions of the spine.

If you wish to make a special examination of the chest do not be deterred by feelings of delicacy from stripping the patient to the skin. A thorough chest examination cannot be made through clothing. Do not be content with examining a single region, but go carefully over the whole chest.

Nov. 5th Prof. Higbee removed both ovaries of a young lady who has suffered several years from hysterical and neuralgic troubles, causing great emaciation and loss of strength. She made a rapid recovery from the operation, the temperature at no time reaching 101°. At this date she is recovering health, strength and avoirdupois. Another patient had a second degree laceration of the perineum of 20 years' standing, and an irritable condition of the spine, with other symptoms of coccygodinia. There was a history of injury to the coccyx from a fall sustained 8 years ago. Prof. H. diagnosed necrosis of the bone, and on Jan. 7th removed it. An examination disclosed two carious spots. The patient is doing nicely, and will be operated upon for the laceration when sufficiently recovered from the first operation.

In gynecological practice Prof. H. finds anti-septic wool far preferable to cotton. The wool tampons retain their elasticity when wet, while the cotton becomes hard and unyielding. The vegetable fibre of cotton causes much irritation in some patients, while the animal fibre of wool proves non-irritant.

Hydrastis stains may be removed from linen by first washing in cold water. Hot water fixes the stain.

Some patients cannot wear tampons saturated with glycerine. In such cases use olive oil and melted vaseline, equal parts.

Prof. Leonard finds Lycopodium an excellent remedy in follicular tonsillitis — not only removing the disease, but also the tendency to recurrence. He thinks the frequent and continued administration of Belladonna aggravates the disease, though it is homœopathic if properly used.

Cincinnati.

PULTE MEDICAL COLLEGE.

In a recent lecture on "The Relation between Ovulation and Menstruation," Prof. Phil. Porter spoke somewhat as follows:

There seems to be quite a difference of opinion among physiologists as regards the relation between the phenomena of menstruation and ovulation. Leopold holds that the periodicity of menstruation is "analogous to the rhythm of the pulse or respiration." Forkiston views it as a reflex phenomenon, "the ripening follicle acting as a cause of irritation to the ovarian nerve supply." He compares it to the erection of the penis and ejection of semen. Reichert's theory is that, previous to the discharge of an ovum, the uterine mucous membrane undergoes a "sympathetic change" whereby its activity is

increased, and what is known as the *membrana decidua menstrualis* is formed, and degenerates, provided conception does not take place. In contradistinction to this view is that of Pflüger, who regards menstruation as a periodic "freshening" of the superficial layers of the mucous membrane of the uterus, in order to render it more susceptible for fertilizing the impregnated ovum.

But is menstruation necessarily dependent upon ovulation? We know that ovulation may occur in those who have never menstruated, *e. g.*, in girls who have not reached puberty; and there are many cases of women becoming pregnant in whom the menses never appeared. After the climacteric, too, ovulation must go on, since ovarian cysts are so often found. Again, women whose ovaries have been removed have been known to menstruate. Must this imply the existence of a third ovary? Still further, ovulation and menstruation may go on at the same time.

There is nothing to prove that ovulation is periodic, since there is no time during the whole child-bearing life of woman that she may not conceive, hence the conclusion to be arrived at is that ovulation goes on continually. The ovary has certainly a sufficient supply of ova to warrant it, and, furthermore, the two phenomena, menstruation and ovulation, are not dependent upon each other save that *menstruation provides a superabundance of material to be appropriated in case pregnancy occurs.*

Dysmenorrhœa.—After classifying the various forms of dysmenorrhœa the Professor stated that his definition should be, that dysmenorrhœa, pure and simple, the uterine form, was pain produced at the menstrual period by the influx of blood to and within the uterus, where there already existed a neurotic state. In the so-called forms of spasmodic dysmenorrhœa we have an irritation of the nerves of the uterus or of the ovaries, which will, during menstruation, produce exaggerated contractility of the muscular elements of these organs, transforming simple contractions into spasms.

Ovarian dysmenorrhœa, we should remember, plays an important part in the interesting and important phenomena of menstruation. Under the influence of special predispositions the entire muscular net-work of the bulbar portion of the ovary, which assisted in the dehescence of the mature ovule, may become spasmodically contracted, hinder the rupture of the vesicle and even give rise to follicular or menstrual ovaritis, distinguished by local pain and producing sympathetic trouble in neighboring parts. Also, in ovarian dysmenorrhœa you will

find your patient extremely sensitive to the touch, but with no tumefaction about the hypogastric region. The same may be said of the iliac region, except that there may be found a slight prominence of the part. With ovarian dysmenorrhœa you will find associated spasmodic action of the uterus.

Chicago.

HOMŒOPATHIC MEDICAL COLLEGE.

Prof. Tooker says: *Calendula* is a fine remedy for *eczema pustulosum*.

The Prof. cautioned the class in regard to the use of *Pulsatilla*, which is so potent in controlling the cough in measles. It should not be given until the rash is well developed.

Although *Belladonna* is not a sure preventive of scarlet fever, it should be given early to modify the symptoms when they appear.

Prof. Foster says: Gentleness, cleanliness and patience are three important points to be observed in the use of the obstetric forceps.

"Rags and science" are both very important to success in the lying-in-room.

Prof. Streeter's chair: Ten rules in regard to pessaries.

1. The material should be light, hard rubber, and as small as will answer the purpose.

2. The patient should not be conscious of its presence after a day or two.

3. If it hurts after a few hours it should be removed. Instruct the patient how to take it away.

4. All pessaries should be examined within 48 hours after introduction to see if they are performing their mission; then again three or four days later.

5. When introducing the lever pessary the short arm should go in first. Introduce the pessary about two-thirds of its length, then push the finger through the ring and depress the short arm so it will pass under the cervix, to ride into the posterior fornix.

6. Pessaries should be movable in the vagina.

7. As the secretions are somewhat increased, vaginal injections should be used daily, as long as necessary.

8. The pessary should not interfere with coition.

9. To be curative, pessaries should be worn a long time; one year, on an average.

10. It should be removed at least once a month; after each menstruation.

The professor is a firm believer in the use of pessaries, and says, if they are not efficacious, it is the fault of the physician.

HOSPITAL NOTES.

COOK COUNTY HOSPITAL.

With the New Year, the Homœopathic Department has had extended to it additional privileges in Cook County Hospital, by being given control of a share of the patients in Ward 14, the maternity ward. Hereafter the homœopathic *internes* will have the benefit of practical lessons in obstetrics. January 6 the first case was assigned, and Sunday morning a five-pound baby was born under homœopathic auspices. Both mother and child are doing well.

In one of the wards under the control of the old school, there was a case of phlegmonous pharyngitis, with sloughing of the wall of the internal carotid, followed by rapid and fatal hemorrhage.

A case of obstinate ulcer of the leg resisted all treatment. Sawdust was boiled in a 5 per cent solution of carbolic acid, then soaked for twelve hours in a solution of Bichloride of Mercury, 1:5,000. The patient was put to bed, and the leg buried in the prepared sawdust, in a fracture box, and the sawdust dressing frequently changed. The ulcer healed rapidly.

More than a dozen cases of Colle's fracture have been treated in the hospital the last year with the pistol splint; without exception, there has been good union, and no deformity in any case. The pistol splint had fallen into disfavor until it was taken up by Dr. Henry Sherry, the attending surgeon, to whose efforts are due its present position in the Hospital. It would not be possible to obtain better results than this method shows in our wards.

January 7, patient was admitted for cellulitis of the scalp. A large collection of pus was found between the pericranium and the skull. The man had received a scalp wound in the region of the occiput a few days before, which had been treated non-antiseptically with the above result.

First-class results have always been obtained in this Hospital with the following treatment:

1. The scalp is carefully shaved for a considerable distance from the wound.

2. All shreds and *débris* are thoroughly cleared away.

3. Hemorrhage is thoroughly controlled. If this is difficult to accomplish, pass a full curved needle, armed with aseptic silk or cat-gut, through the scalp, under the artery, and out at the other side, and tie.

4. Thorough irrigation with Mercuric bichloride solution, 1:4,000.

5. The edges of the wound are carefully coapted with aseptic silk stitches, leaving in a couple of strands lengthwise of the wound for drainage.

6. Inject the wound with Iodoform and ether solution, 1:6.

7. Cover with sublimated gauze and secure with roller bandage.

With this treatment primary union can be predicted with mathematical certainty.

A fireman recently received a punctured wound of the calf of the leg by a sharp piece of plate glass falling upon it. A physician was called, who covered the wound with a piece of belladonna plaster. When brought to the hospital the leg presented a considerable bulging. The plaster was torn off, when the blood spurted freely.

The case was treated in the following manner: The wound was enlarged, all blood clots cleaned out, and the hemorrhage controlled. It was irrigated by Mercuric bichloride solution, 1:4,000; the edges carefully coapted with aseptic silk stitches, and covered with sublimated gauze carefully secured. Results perfect.

A Swede, 45 years old, about 9 A. M., took what he declared to be a teaspoonful of morphine, with suicidal intent. He was brought to the hospital about 11:30 P. M. His respirations were four per minute. He was well pumped out with the stomach-pump; flagellation and the Faradic current were applied and kept up for an hour, when he was able to walk. Atropine gr. $\frac{1}{4}$ was given every four hours till four doses were given, and the patient kept awake all night by an attendant constantly at hand. He was given his breakfast and allowed to sleep during the forenoon, and in the afternoon was discharged all right.

The hands and fingers of the surgeon are prepared as follows before touching a wound: First, they are thoroughly washed and scrubbed with a brush with soap and water, everything being thoroughly cleaned from under the nails. Secondly, they are immersed in a solution of Mercuric bichloride, 1:1,000, for at least one minute.

Sixteen grains of Mercuric bichloride to a quart of water make a solution of 1:1,000. It dissolves best in hot water.

"If we put deaths from corrosive sublimate poisoning on the one side of the balance, and the deaths from wound infection on the other side, the latter go down with such a thump that the former are hurled high in air and scattered to the winds."—*Morris*.

CORRESPONDENCE.

MEXICO AND CALIFORNIA FOR INVALIDS.

SAN FRANCISCO, JAN. 6, 1887.

Editors of the Medical Era:—

Since visiting Mexico and California I believe it my duty to give my colleagues, the readers of the *ERA*, the benefit of my observations.

Of old Mexico I will say that I consider the high valleys in which lies the city of Mexico, nearly 7,000 feet above the sea, to be one of the best climates in the world to send patients with chronic asthma, bronchitis and incipient phthisis. The temperature varies but little all the year round, ranging from 60° to 80° F. The only drawback is the poor accommodations, the lack of any provisions for heating rooms, and the food and cooking, to which it is difficult for Americans to become accustomed. No invalid without plenty of money should be sent there, for he should have means to surround himself with the comforts he has at home.

I have visited all the noted places lauded as health resorts in Southern California, from San Diego to Monterey on the Pacific Slope, and I must say that I find no advantages in them over any town on Lake Michigan. This may appear incredible when so much has been said in praise of that section of California. But my reasons are good. While the air is pure, and sunshiny days are the rule, there are drawbacks which offset all. The winds from the Pacific are cold and raw, and the fogs evening and morning are penetrating and depressing.

All diseases of the respiratory organs are common, especially catarrh and bronchitis, and they are aggravated in invalids from the East, who do not know how to guard against the deceptive aspects of the weather. The sun shines very hot in the middle of the day, but if you sit in the shade, a chill is the result. There is no such thing as sitting on piazzas or swinging in hammocks in the evening, or, indeed, the most of the time during the day. In this respect California (near the coast) is far inferior to Florida. If you send invalids or delicate persons to California, to avoid severe northern winters, advise *imperatively* that they remain on the *western slope of the mountains*.

Here the ocean winds and fogs are arrested by the Sierras, and the air is warmer and drier. Such places as San Bernardino, Fresno, and Vesalia, and others on the western slope are the

best. Do not let patients go without cautioning them to wear all-wool clothing next the skin day and night, and avoid the night air—in fact, all the precautions you would advise in our northern climate.

San Francisco should be avoided. It has a climate as bad as Chicago, and old residents tell me that it is growing colder every year.

HOW MEDICINE IS PRACTICED BY THE CHINESE.

Chinese therapeutics are beyond the ken of ordinary mortals. The substances used are mainly from the animal kingdom, and are indescribably filthy. They would delight such persons as Lippe, Swan, and the Internationalists. The general method for the selection of these remedies is this: The patient, if able, goes personally to the Joss-House (temple of the gods). He kneels before the image of the Chinese Esculapius, the God of Medicine; he burns some slips of paper on which are printed prayers, draws at random from a bundle of slips of bamboo, each numbered. He takes the slip to the Chinese druggist, whose drugs are all numbered, and receives the drug bearing the corresponding number. This is the remedy for his disease!

Simple, is it not? Almost as simple as selecting the remedy by one key-note symptom! If the patient calls a physician, he consults the God of Medicine (which is his familiar), and is handed a slip of bamboo with a magic number on it.

Some of the Chinese physicians dispense their own drugs. Some have attained a reputation beyond their own race, and have accumulated large fortunes.

Their most popular medicine is a pill whose components are oxide-of-iron and bone-dust, and this is valued highly by the Americans who patronize the Celestial physicians. The reason is obvious.

E. M. HALE, M. D.

It is said that there are at present between thirteen and fourteen thousand qualified practitioners practicing homœopathy in the United States of America, and it is calculated that if the proportion of homœopathic to allopathic practitioners should increase in the same ratio during the next twenty years as it has in the last homœopathists will then be in the majority. The allopathists will then, no doubt, all turn homœopathists in a body to escape the unpardonable sin of being a "sect."—*Homœopathic World*.

MISCELLANY.

Otis Clapp & Son, Boston, have favored us with a beautiful calendar, which will serve to keep them in mind every day of the year.

ECHINACEA ANGUSTIFOLIA is the latest candidate for favor in the treatment of typhoid fever. The Eclectics are using it very extensively, and claim surprising results.

THE POPE MFG. CO., of Boston, who make almost all the Bicycles that are used in this country, have sent out a convenient calendar to grace editorial desks.

We acknowledge the receipt from the *Medical World* publishing office of a very convenient pocket record for daily practice and accounts. It is the best in this line that we have yet seen and must recommend itself at sight.

POCKET URINARY TEST CASE.—Look in the advertising pages for a description of this useful device. Thousands are in use. It is recommended by Prof. Clifford Mitchell. Send orders to G. & D. 48 Madison st.

Doliber, Goodale & Co. have sent out a calendar "to furnish by means of the engraver's art, a beautiful picture, and to remind one of Mellin's Food for Infants and Invalids." It admirably serves its purpose.

OUR exchanges will confer a favor, in making extracts from our columns, by giving credit to the—*Medical Era*. There are several "Eras," but only one MEDICAL ERA. Some have regarded this, and some have not.

IF YOU WANT a flexible catheter that will *never wear out*, and a clinical thermometer that will *never break*, drop a postal card to Sardy, Coles & Co., 96 Maiden Lane, New York, and tell them that you saw their advertisement in THE MEDICAL ERA.

New Line to Cheyenne.

The new extension of the Burlington Route to Cheyenne, Wyoming Ter., having been completed, the C. B. & Q. R. R. is now running a through sleeping car from Chicago to Cheyenne, via Omaha, leaving Chicago daily at noon on "The Burlington's Number One" fast train. For tickets apply to any coupon ticket agent of its own or connecting lines, or address Paul Morton, Gen'l Pass. and T'ck't Agt., C. B. & Q. R. R., Chicago.

PERSONALS.

Dr. W. I. Howard has removed from Stevens Point, Wis., to Los Angeles, Cal.

Dr. C. M. Dinsmoor, of Omaha, is among the late arrivals at the Grand Pacific.

Dr. R. N. Tooker has moved into his elegant new house, No. 261 Dearborn Av.

Dr. B. L. Cleveland, of East Saginaw, Mich., is among the arrivals at the Palmer House.

Dr. John Fazzard, of Port Orange, Fla., says there is a good location for a homœopathic physician at Daytona, Fla. Write Dr. F. for particulars.

Dr. E. Lippincott, we regret to say, has been severely sick for several weeks, suffering from an attack of pneumonia. At last accounts he was approaching recovery. The second of his series of articles on hay fever will appear in March.

Dr. W. E. Hathaway, of Maryville, Tenn., is doing a work, in his own community, similar to that of the Homœopathic League, of England. He has issued a pamphlet for the benefit of his patients, entitled "Homœopathy on Trial." It is calculated to popularize homœopathy.

IN MEMORIAM.

The friends of the late A. E. Small, A.M., M.D., have issued a memorial which is a fitting tribute to the memory of this wise and good man. It is gotten up in exquisite taste, and the contents, consisting of the beautiful sermon delivered by the Rev. L. P. Mercer, form a whole which will be of greater value to his many friends than would any column of marble or granite.

CHEMICAL FOOD is a mixture of Phosphoric Acid and Phosphates, the value of which physicians seem to have lost sight of to some extent, in the past few years. Messrs. R. A. Robinson & Co., to whose advertisement (on page X) we refer our readers, have placed upon the market a much improved form of this compound, "ROBINSON'S PHOSPHORIC ELIXIR." Its superiority consists in its uniform composition and high degree of palatability.

A delightful essay by James Russell Lowell, on Walter Savage Landor, is one of the many features of the *February Century*. It is accompanied by a frontispiece portrait of Landor, and a collection of his before unpublished letters.

In the February *St. Nicholas* Mary Hallock Foote has drawn the frontispiece;—two young housekeepers in consultation over "Family Affairs."

MORE COMPLIMENTS.

I read and enjoy the ERA.—*Dr. E. E. Pickett.*
Success to the grand ERA.—*Dr. May Barrington.*

I cannot keep house without it.—*Dr. E. H. Sparkling.*

I cannot do without THE MEDICAL ERA.—*Dr. L. Pauly.*

Many thanks for your good journal.—*Dr. Joseph Jones.*

I cannot do without THE MEDICAL ERA.—*Dr. J. W. Barnsdall.*

I am well pleased with THE MEDICAL ERA.—*Dr. S. E. Atkinson.*

I consider THE MEDICAL ERA the first and best.—*Dr. C. H. Viehe.*

THE MEDICAL ERA still distances all competitors.—*Dr. W. E. Hathaway.*

THE MEDICAL ERA is more helpful to me than any other journal that I take.—*Dr. W. S. Lee.*

I derive great satisfaction from the pithy contents of THE MEDICAL ERA.—*Dr. C. E. Ehinger.*

The only trouble with THE MEDICAL ERA is that it does not come often enough.—*Dr. F. C. Pagan.*

I must have THE MEDICAL ERA, as I find it both profitable and enjoyable.—*Dr. Laura A. Ballard.*

If you want another of the best journals in the country, just take the ERA.—*The Medical Institute.*

THE MEDICAL ERA is the best—yes, the *Best*—of the twelve journals we take.—*Dr. J. C. Kirkpatrick.*

I get more practical hints from THE MEDICAL ERA than from any other journal I take.—*Dr. H. E. Cross.*

Among the five journals I take, THE MEDICAL ERA is the only one I read clear through.—*Dr. J. B. Gully.*

I consider THE MEDICAL ERA our very best medical journal, and I would not like to be without it.—*Dr. Jane H. Miller.*

It is hardly worth while for me to tell you how more than satisfactory the ERA is, and I will only say, Keep on the same course, upholding the banner of homœopathy without conceding an inch to "our friends, the enemy." Those in our ranks who are lacking in spinal stiffness, and who are willing to surrender the title of homœopathy, should be "counted out," for they are not of the stuff of which the founders of homœopathy were made.—*Dr. H. R. Stout.*

FACETIÆ.

He Wanted Help.

He sang with vigor,
He sang it each day.
"I would not live always,
I ask not to stay;"
But when with a fever
And chills taken down
He quickly had in all
The doctors in town.

—*Boston Courier.*

Physician (to patient)—Your case is a very serious one, sir, and I think a consultation had better be held.

Patient (too sick to care for anything)—Very well, doctor; have as many accomplices as you like.

THE following testimonial from a lady, says an exchange, has been left at this office, for sale, by a dealer in patent medicines: "Dear Doctor, I will say that, while suffering from a severe back-ache, I took my purse in my hand and went out to buy one of your plasters. I met a street-thief on the corner and was relieved at once. You can use this for what it is worth."

A NOTORIOUS quack residing in Buffalo issues legions of pamphlets filled with testimonials of those who have been cured of consumption, Bright's disease, and other serious maladies. The editor of a paper in Philadelphia has written to these patients. Some had gone to a better world, others were not cured, and the remainder spoke of him in anything but complimentary terms.

AN OLD FRIEND PRESCRIPTION—"No, no, young man; there aint nothing wuth speaking of the matter of you," said old Dr. Sipes to delicate little Claude De Vere, who was spending a few weeks amid the rural delights of Sipesville.

"I tell you what you do," said the old doctor, while Claudie's blood ran cold: "You slap a good hot mustard plaster on your back, and one of slip'ry elling on your chist. Drink a quart of red pepper tea b'iling hot, when you go to bed, soak your feet in b'iling water, and take three of these pills every hour, and one of these quinine powders every half-hour, with a good swig of this green mixture between, and a half-a-pint of this yellorish stuff night and morning. You keep that up a week, and you'll be a different man. It'll knock most any disease mortal man ever come down with."—*Puck.*

BOOK REVIEWS.

A MANUAL OF MEDICAL JURISPRUDENCE; with Special Reference to Diseases and Injuries of the nervous system. By Allen McLane Hamilton, M. D., one of the Consulting Physicians to the Insane Asylum of New York City, etc. With illustrations. New York: E. B. Treat. 1887. (\$2.75.)

Of various works on medical jurisprudence which have been offered to the profession, this one, we think, is best adapted to the wants of the student. It is clear and concise, qualities which should characterize all text-books. The work is especially valuable in being written with special reference to diseases and injuries of the nervous system, a subject which is of great importance from a medico-legal view. The publisher's work is also to be highly commended, for E. B. Treat is making a series of books of very convenient size and shape, and beautifully bound.

DISEASES OF THE FEMALE MAMMARY GLANDS, by Th. Billroth, M. D., of Vienna, and **New Growths of the Uterus,** by A. Gusserow, M. D., of Berlin. Illustrated. These two works constitute Vol. IX. of the "Cyclopædia of Obstetrics and Gynecology," (12 vols. price \$16.50) issued monthly during 1887. New York: William Wood & Company. (W. T. Keener, Chicago).

A HANDBOOK OF GENERAL AND OPERATIVE GYNECOLOGY. Volume 1. By Dr. A. Hegar (University of Freiburg) and Dr. R. Kattenbach (University of Giessen). In two volumes. This is also Vol. VI. of "A Cyclopædia of Obstetrics and Gynecology" (12 vols., price \$16.50), issued monthly during 1887. New York: William Wood & Company.

These volumes form part of the set for 1887, issued by this well known house. The value of the various works is indicated by the names of the eminent authors, Billroth, Gusserow, Hegar and Kattenbach, whose writings are thus presented to American readers. So much has been said in our columns regarding those publications that it is only necessary to call the reader's attention to these new volumes of the series.

THE PRACTITIONER'S GUIDE TO URINARY ANALYSIS. By Prof. Clifford Mitchell, A. M., M. D. Professor of Chemistry in Chicago Homœopathic College. Second edition; rewritten and enlarged — Chicago: Gross & Delbridge. 1888. (\$1.50.)

The profession is already familiar with Prof. Mitchell's work, the first edition of which was rap-

idly exhausted. It is only necessary to say that this is a great improvement on the former edition, it having been so much enlarged as to make of it almost another book. No practitioner, who is not already well-informed, can treat intelligently cases of disease involving the condition of the urine without such knowledge as is here given; and nowhere else can he find that knowledge so clearly and yet so fully given, as in Prof Mitchell's book.

THE CLINICAL REPORTER.—This new journal, edited by the faculty of the Homœopathic Medical College of Missouri, has made its initial visit. It is very neat in appearance, and contains much good reading. We gladly welcome it as an exchange, and wish it a long and prosperous career. The price (\$1.00) should insure for it a wide reading. Remittances should be sent to 219 Chestnut street, St. Louis, Mo.

CONTEMPT OF COURT.—Of all the curious reading that we have enjoyed in some time, we think that afforded by a communication from Dr. F. E. Stewart to the current number of the *Druggists' Circular* certainly caps the climax.

Whenever a physician strays from his own profession into the intricacies of the law, and especially of the patent laws of this country, his feet are on dangerous and slippery ground, no matter where his head or heart may be. In the present paper, Dr. Stewart attacks the recent decision of the United States District Court in the matter of the suit of Battle & Co., against the Grosses (Daniel W. and Edward Z.) for infringement of their copyright of Bromidia. He declares the decision is not final or binding, and advises the Grosses and druggists generally not to pay any attention to it. Dr. Stewart thus put himself in contempt of the United States Courts and advises others to place themselves in the same foolish and dangerous predicament. The queer part of the matter, however, is that every reason which he advances against the validity and justice of the decision is the strongest possible argument in its favor, and the reader must be obtuse indeed not to see that it is so. This view of it was evidently taken by the editor of the *Circular*, who says: "While giving Dr. Stewart's argument publicity on account of its novelty, we think it proper to remind pharmacists that they are bound by the decision so long as it is allowed to stand" — which advice is good, sound sense, like pretty much everything that emanates from the editor of the journal quoted.— *St. Louis M. and S. Journal.*

THEY SAY

THAT squint is always binocular.

THAT there is a plethora of medical men.

THAT a man's temper improves by disuse.

THAT good nursing is absolutely remedial.

THAT both dogs and men have summer pants.

THAT chronic inebriates are practically insane.

THAT it pays to be good and it's good to be paid.

THAT a rolling-pin gathers a great deal of dough.

THAT conium will relieve neuralgia of the mammae.

THAT whisky lowers a man, but raises the devil.

THAT arsenic will both cause and cure epithelioma.

THAT New York will not put up with much more Most.

THAT cannabis is a prime remedy for "lame back."

THAT xanthoxylum is a good remedy for after-pains.

THAT gnaphalium is an excellent remedy for sciatica.

THAT glonoine is a good remedy in uræmic convulsions.

THAT suppurating wounds do not often cause tetanus.

THAT better cooking in the army would prevent desertions.

THAT there's nothing original now-a-days excepting original sin.

THAT there is always albumin in the urine of new-born babes.

THAT cina is a good remedy for incontinence of urine in children.

THAT an epidemic of cow-pox has been discovered in England.

THAT it makes a Frenchman mad to have the German measles.

THAT the wages of sin is death, but no one ever applies for the wages.

THAT a single application of sulphuric ether will destroy pediculi pubis.

THAT the Queen of England pays her court physician \$25,000 per year.

THAT rubbing the skin systematically with lanolin will remove wrinkles.

THAT the heart discharges four ounces of blood at each ventricular systole.

THAT "malaria" is the physician's Jersey-jacket — it fits a great many cases.

THAT copaiba officinalis is almost a specific for retention of urine in old men.

THAT climatology is fast becoming one of the sisterhood of medical sciences.

THAT the cornea of pure Egyptians is decidedly smaller than that of other races.

THAT wine, women and worry are the most potent factors in causing general paresis.

THAT more than one half of a physician's patients are under seven years of age.

THAT nameless journals are very appropriately edited by anonymous correspondents.

THAT moschus is a valuable remedy in syncope, hysteria, nervous asthma and hiccup.

THAT an elephant's chest is larger than a man's, but its trunk is smaller than a woman's.

THAT you should always adjust the pessary to the patient, not the patient to the pessary.

THAT Leland Stanford has founded a university in California, and endowed it with \$20,000,000.

THAT the students in the surgical clinic may be very unsympathetic, and yet they are always in "tiers."

THAT an application of hot water and carbonate of ammonia will prevent threatened mammary abscess.

THAT Sir Morell Mackenzie has already received \$40,000 for attendance on the Crown Prince of Germany.

THAT apoplexy of the severe type should be treated by compression of the carotid of the affected side.

THAT it is highly amusing to hear one correspondent refer to another correspondent as "our correspondent."

THAT a bald-headed neighbor of ours had a rabbit painted on top of his head, so that people would think a hare was there.

THAT opera managers say tights are not injurious, but we saw fellows New Year's night who were rather the worse for them.

THAT Caius Julius Cæsar was the first one who described the Cæsarean operation, and hence its name. You may believe this if you want to.

THAT it's easy enough to be a philosopher; all one must do is to talk something he doesn't understand, and that no one else can understand.

THAT to keep within the limits of dignified assurance without falling into the ridiculous rantings of the boaster, constitutes the supreme talent of the physician.

THAT the earth is constantly shrinking at the rate of two inches a year. This accounts for the nervous anxiety of some people to possess it before it becomes any smaller.

THAT the physician who depends on the gratitude of his patient for his fee, is like the traveler who waited on the bank of the river for it to cease flowing in order that he might cross.

THE MEDICAL ERA

VOL. VI.

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No. 3.

EDITORS :

CH. GATCHELL, M.D.

JAMES E. GROSS, M.D.

THE VERDICT.

Our English colleagues have scored a great triumph. In a battle of the types — waged in the columns of the *London Times* — they have come out victorious.

The story is too long to tell in detail. Suffice it to say, for the information of those American readers who cannot see it in its original sources, there has been a long, animated, and heated controversy waged between distinguished members and friends of both schools, the homœopaths being represented by Drs. DUDGEON, DYCE BROWN, J. H. CLARKE, MR. MILLICAN, MAJOR VAUGHAN MORGAN, and LORD GRIMTHORPE. Our friends, the enemy, were represented by Drs. J. C. BUCKNILL, R. B. CARTER, THUDICHUM, BRUNTON, G. JOHNSON, and others.

The contest was short and fierce. The issue was, as it always is in an unprejudiced court, in favor of the homœopaths. Here is the verdict :

The medical controversy which has been raging for a month or more in the *Times* was summed up yesterday in an editorial which leaves the " regular " doctors aghast. The leading journal practically sides with the homœopaths against the allopaths. Not that it pronounces judgment on either system, but for the purpose of this controversy it gives the allopaths the worst of it. This attitude is the more surprising because homœopathic doctors are in England a very small minority.

The important correspondence that has lately appeared in the *London Times* is the most complete and critical discussion of the merits of homœopathy that has ever appeared. All members of our school should read it.

THE INCREASE OF THE INSANE.

The physician cannot divorce his interests from those of the state. His citizenship involves peculiar responsibilities. He takes little part in the administration of laws, but he has a large share in dictating those laws which have for their purpose the conservation of the public health. Questions of sewage, of drainage, of quarantine, of infectious diseases, are referred to him, and laws are framed according to his decision.

There is another matter which will soon become of national importance, in which the medical profession should take an active interest. One or the other political party will undoubtedly include in its platform a clause favoring the restriction of foreign immigration into our country ; not its abolition, but its restriction. This action will be proposed with a view to the protection of American labor, and to preventing a further increase in the number of paupers.

But to the physician it has another aspect. It is a well known fact that the number of the insane is increasing in a greater ratio than the number of our population. The various states are appropriating large sums of money to the building of asylums to accommodate the mentally deranged.

In attempting to account for this too rapid increase of the insane, our American habits and customs have been held responsible. It has been attributed to the great strain under which we labor, to the intense activity of our business lives, and to the rapid fluctuation in fortune.

But, as often happens, this explanation does not explain. A search of asylum records reveals the fact that the new wards are being filled, not by Americans, but by foreigners. In other words, Europe is not only dumping her paupers on our shores, but she is cleaning out her mad-houses in order to turn their former occupants over to our tender care. While this is, undoubtedly, a great kindness to the patients themselves, yet it is a species of charity which will fail of appreciation in this country.

The remedy must be found in legislation, and it is the duty of the members of our profession to take an active part in shaping public sentiment in order to bring about the desired end. America has long been looked upon as being an asylum for the oppressed of all nations, but we draw the line at "the halt, the lame, and the blind." All who are capable of becoming self-supporting, will here find welcome, but let each nation care for its own wards—a legacy that God has left to mankind everywhere.

ALCOHOL IN DIPHTHERIA.

We are led to refer to this subject again in order to correct some misapprehensions. We have received communications from several physicians making the claim that they have long used the treatment described, with but indifferent results. But these men are mistaken in claiming that they have used the systematic alcoholic treatment of diphtheria. *They have done no such thing!* The Editor of the *Medical Visitor* thinks that he has done so. But he mistakes.

In every instance we have taken pains to interrogate these claimants, and in every instance they have admitted that their treatment consisted in the occasional use of alcohol in the atomizer, and an egg-nogg containing a teaspoonful of whisky, given several times a day.

Anyone with experience in the treatment of diphtheria knows how many glasses of egg-nogg

a day a child suffering from this disease will take. He knows, well enough, how such a child dreads the mere act of swallowing, and will often struggle against taking even a teaspoonful of medicine, and that it is considered a great triumph when a host of anxious friends, as a result of entreaties, prayers and promises, have induced the little patient to drink half a glass of milk. Then they talk of having employed the systematic treatment by alcohol because, forsooth, the child has taken some milk and egg with a little whisky in it. It is absurd!

Was not the language in the preceding numbers of this journal plain enough? Could English be made to tell the story more distinctly? We think not. It only remains for those who wish to put in claims of priority to read the instructions again, and read them intelligently.

We are led to give this much space to the subject, because we wish the method of treatment to be tested by a *large number of physicians*. But in making the test, these fundamental principles must be observed:

1. Employ only the best quality of alcohol (*not whisky*) properly diluted.
2. For internal administration, dilute about one-third to one-half; for the atomizer, full strength.
3. Give the alcohol regularly, systematically and energetically.
4. Give it to the verge of intoxication.
5. If it cannot be introduced into the system in one way, then employ another (the skin will absorb alcohol; a child may be rendered intoxicated by putting it into a warm bath of alcohol and water).
6. No results will be conclusive which are not obtained in cases of *malignant diphtheria*.

We again urge the trial of this method of the treatment of *malignant diphtheria*. It can do no harm—you cannot cure malignant diphtheria by any method of treatment now at your command; you might as well try this one.

XVIII.

THE DOCTOR TALKS.

"It does me good," said the doctor, "to hear a man give his reasons for the faith that is in him; consequently, it does me good to read the following in the latest number of the *Medical Record* :

"Prof. Samuel O. L. Potter, of San Francisco, gives, in the *Lancet*, the following as his reasons for abandoning homœopathy. He says: "I abandoned homœopathy before entering into practice, because my observation of the reception by homœopaths of Dr. C. Wesselhoef's reproving of *Carbo-vegetabilis*, and Dr. Sherman's work in the "Milwaukee Test" of 1879, proved to me that no crucial drug-experimentation, conducted under scientific safeguards, could meet with any degree of appreciation from the majority of that sect. I was further impressed by finding that ninety-nine out of every hundred so-called homœopathic physicians were in the habit of resorting to regular therapeutics whenever there was any active therapy to be done.' "

* *

"But, like the average specimen of oleomargarine, this thing will not bear analysis. Let us look at it:

"I abandoned homœopathy because of the reception of Dr. Wesselhoef's reproving of *carbo-vegetabilis*."

"Now, what I want to know is: Why did not Dr. Wesselhoef also abandon homœopathy because of the reception of his reproving of *carbo-vegetabilis*? Why did not Dr. Wesselhoef feel called upon to shake the homœopathic dust from his feet and step over into the slough of allopathy? He, certainly, had greater reason for so doing than did Dr. Potter, for with Dr. Wesselhoef it was somewhat of a personal affair, as well as a matter of schools. But he did not 'abandon' anything; he stuck to his text, and he has been working on that line ever since, and doing noble service for the only school of medicine that has any established principles.

"Dr. Wesselhoef is right; Dr. Potter is wrong."

* *

"Again, Dr. Potter says that he abandoned homœopathy because of the reception of Dr. Lewis Sherman's 'Milwaukee Test.' Still the question recurs, Why did not Dr. Sherman also 'abandon' something about that time? He did not do so. He is, to this day, grinding away, with pestle and mortar, and doing all that he can to promote the interests of the only school of medicine that has any claim to being called rational or scientific.

"As further reason, Dr. Potter says that he abandoned homœopathy because he found that 'ninety-nine out of every hundred so-called homœopathic physicians resorted to regular therapeutics whenever there was any active therapy to be done.'

"This is one of the most astounding statements that man ever made! In the first place, it is untrue. In the next place, there is nothing in this world so 'irregular' as what Dr. Potter is pleased to call 'regular' therapeutics. It is a travesty of language to call it so. It is about as regular as the track of a cyclone — and about as disastrous."

* *

"But it is untrue. Ninety-nine out of every hundred homœopaths do *not* resort to empirical methods in the treatment of serious diseases. In their treatment of dysentery, diarrhoea, Asiatic cholera, syphilis, pneumonia, typhus, scarlatina, rheumatism, peritonitis, pleurisy, meningitis, yellow fever, small-pox, and the other diseases that cause the greatest mortality in the human race, the great majority of homœopaths adhere closely to the Hahnemannian method, and with a degree of success greater than 'traditional' medicine ever attained. On the other hand, in the treatment of malignant diphtheria, advanced phthisis, and the like — diseases for which no school of medicine owns a specific — he resorts to whatever empirical treatment, in his opinion, promises best; and, since the 'traditional' school has no mortgage on these methods, he does so without asking permission of his 'abandoned' brethren. It is not necessary."

* *

"Dr. Potter's letter to the London *Lancet* comes at a very inopportune moment; it comes when all England is aroused by the voice of the 'Thunderer' in proclaiming the spirit of intolerance, bigotry and persecution which still animates the traditional school in its attitude towards homœopathy. It comes at a time when the people — and, really, they are the ones upon whom we exercise our art, for whose benefit, or destruction, medicine exists, and who are most interested — are least prepared to lend a willing ear to those who wish to insinuate that all homœopaths are either 'frauds or fools.' The 'Thunderer' says that they are not.

"When Dr. Potter abandoned our school, did anyone go with him? No; he went alone.

"That makes three."

SELAH.

HOMŒOPATHY IN ITS RELATION TO MALIGNANT DISEASES.

By JOSEPH SIDNEY MITCHELL, M.D.

CHICAGO.

[An address delivered under the auspices of the Alumni Association of the New York Homœopathic Medical College.—*Reprint from the North American Journal of Homœopathy.*]

SCANNING the records of the past we find that all great movements that have marked their imprint deep on the world's history, have had much the same general course. Some mental giant boldly leaps away from the dogmatism and conservatism of the schools and announces new views. A small following adopt them with enthusiasm, then there is more extensive reception, later a quite universal acceptance, to be followed by apathy on the part of many, desertions by an inconsiderable number, then a revival in the same or a new form and a deeper hold on the minds of men than before. This is the epitomized history of all the great reforms, the great parties and the great sects that have held sway from Moses to Gladstone. That of homœopathy is no exception. What physician ever rapidly evolved such a wealth of research as that Jupiter of medicine, Hahnemann? Has the devotion and enthusiasm of his early adherents ever been excelled? It is not strange that we revere this intellectual leader of our great school. What grandeur of character he possessed—see how rare he was even among the most distinguished apostles of medicine! In the wonderful breadth of his knowledge, in the extent of his mental endowments, in his interest in therapeutic methods, in that intense personality which quickly gathered zealous adherents, in his capacity for boundless work, in his unfaltering devotion to the reformation of medicine from the errors with which his sagacious brain saw it involved, he stands a hero. Shall we not proudly say of him, "He is our leader and our guide"? And let us remember he was no mere iconoclast. As he remorselessly demolished the images of old physics he set up more worthy gods for our worship.

How rapidly his tenets spread until those marvelous statistics we yearly have presented at the American Institute of Homœopathy, seem almost beyond belief. The lukewarmness that is inevitable, is manifest in some quarters. Have we not indeed almost abandoned provings—and do not some of us hanker too much after the flesh-pots of Egypt? Traitors we have had but few. There are those who would drop the name and merge us again with the great medical body politic, where our identity would be lost; but there is no "Ichabod" graven on the brow of homœopathy. The revival is to come, and

come it will, with full tide. Heroic souls now stand in the breach, gather the records of the past and give them to their followers of to-day. We stand on Pisgah heights—we see the Promised Land—the revival of homœopathy; we may not enter there, but those who come after will.

What is your homœopath? Is he the sectarian your opponents claim, the exclusive dogmatist? Not at all. Rather is he the one valid exponent of freedom of medical opinion—the one physician who alone of all medical men has no limitation, to whom the whole glory of all medical truth is open, with no shibboleth that appals. The pure coin of the realm of scientific medicine is his wherever he finds it, and he can detect the counterfeit with almost absolute certainty. When with a *materia medica*, which the revival will bring, rich in new provings, purged of the errors and contradictions of the old, he goes to the new crusade against disease, he will lay before us trophies far surpassing those yet laid upon the altar of modern medicine. But, we are asked, Upon what do you base your hope for homœopathy? The fact that therapeutic methods are to be more crucially tested than ever before. We, who have turned over and over the history of twenty centuries of traditional medicine and with keenest interest studied in comparison the ninety years of homœopathy, know there is no crucible too fiery in which to test our methods and calmly await the result. In the whole range of medicine, since Charon taught his pupils in the recesses of a Thessalian grotto, to our day, we have had little opportunity to study the natural history of disease. Every tribe has had some decoction or charm to influence grossly either the mind or the body, and the educated physician is prone to interfere with every morbid state. The metaphysicians boldly assert that even the most organic of troubles needs no medicine, and we have some records that are useful from this new protest of outraged constitutions against drugs, this tacit acknowledgment that even homœopathy has not yet demonstrated its power to wholly accomplish the healing of the nations. A case of peritonitis steadily going on to fatality under metaphysical treatment gives us what the medical world has rarely seen before. It is well for us to get as much as possible of this natural history of diseased conditions, this *tertium comparationis* of Ameke. We realize that we have had but little of it heretofore, yet we recognize its paramount value. Our old school friends, with their expectant methods and their medical nihilism, are also rendering aid in determining the relative value of therapeutic measures. The more critical observa-

tion of the noted sick provokes deeper inquiry into our treatment and a more rigid criticism. The conduct of the case of the Crown Prince bids fair to bring no more laurels to our companions over the water than did that of the lamented Garfield to the regular profession here. Note how differently these new conditions are met by the two schools. The adherents of old physic hopelessly plunge. After practicing venesection 2,000 years they abandon it under the sway of homœopathy, but a large quota still hanker after it, and now and then its use is gravely urged, and its abandonment deplored.

The life of many of their new drugs is ephemeral. Lately, we were to have anti-febriles to put Aconite, Quinine and other old remedies in the shade. Fever was to be a thing of the past. They were all agog recently with Antipyrin, the best of the group. Yet at the last International Congress there was none so poor to do it reverence. Does it not strike us that the drug at once the most valuable and the most steadily held in esteem through all the mutations of old physic should have wrought in its use such havoc to mankind? We do not need to look back to Bacon, Henle and Sir John Forbes for remorseless criticisms of the glaring defects and inconsistencies of allopathy. Very recently H. C. Wood said: "Yet with a babel of discordant voices does it celebrate its 2,000 years of experience."

Lauder Brunton says: "We give medicine at random with no definite idea of what it will do."

Jacob Bigelow asserts that: "It undermined strength, started new morbid phenomena, and left more disease than it took away."

Homœopathy, however, goes right on in its course. Its early disciples made proving after proving. That was in the true line. We used the proved drugs on the sick. It was scientific medicine. We made simple deductions from the facts and confirmed the law Hahnemann gave us. It has never swerved from its allegiance to its law or its remedies. We have many drugs as indisputably established as the Opium of old physic. Not alone the polychrests, but also among our new remedies we have Gelsemium, whose specific action upon the paralysis of small muscles following severe diseases is uniform. We have Hamamelis and Hydrastis, whose restorative effect upon diseased mucous membranes is too well demonstrated to be doubted. No babel of discordant voices comes from us. Even the estrangement of the high dilutionists from the body of the profession has

not been on an issue that impairs our faith in the value of our drugs, or questions in any degree the truth of the law of homœopathy. Whether tried in public cases under vigilant scrutiny or compared with the natural history of disease, it does not fail where failure is not anticipated. Yet we are not without fault. We ought to be willing to criticise ourselves as our opponents do themselves. When we stopped proving we fell at once from grace, and unless we return to our colors we may find ourselves in a slough of despond; not perhaps as deep as that of traditional medicine, but certainly fatal to progress. Homœopaths should return to vigorously proving remedies, both old and new. Whatever our deduction, the demonstrated fact that such a remedy always produces such symptoms helps to establish medicine on a scientific basis. Even the man who rejects *similia* will admit that this form of experimenting with drugs affords valuable data. Does not Dr. Brunton say: "Before therapeutics can become a science, the physician must know the action of his drugs"? The world has to wait centuries for a Galileo and a Hahnemann—but we have Turners and Wagners, DeLesseps and Edisons always. This age demands very radical, even sensational demonstration. Little stir is made when the record of homœopathy in Cook County Hospital is announced in the most prominent old school journal in America, the *Medical Record*. We have secured a better death rate than can our allopathic confreres, and the statement is faithfully made. Note, however, the reason which it gives. "It does not speak well for the work of the old school staff," says the *Record*, and it is claimed by a correspondent that the regulars, *who have the exclusive assignment*, take all the interesting and bad cases, and leave the milder ones to the homœopaths. What charming *naïveté*—what superb magnanimity—how antagonistic to their usual methods; verily, we may fear the Greeks bearing gifts!

Four years' hospital service has called especially to my attention, all the while, the difficulty of reducing the comparative rate of mortality between the homœopaths and allopaths, and the reason was, that in addition to the better methods of our old school brethren, despite the *Record*, our fatality was mainly from the malignant diseases. This suggested the choice of the theme for discussion to-night. In considering the relations of homœopathy to malignant diseases we may premise that under this head we include not only those thus usually grouped, namely: cancer, as one class; acute diseases

with malignant symptoms, such as typhoid fever, scarlatina, cholera, variola, and diphtheria, but all those whose tendency is inevitably to fatality, as phthisis, morbus Brightii, Addison's and Hodgkin's disease, and pernicious anæmia.

Carcinoma, which stands for one class, does not, as the records of the Royal Arcanum and other recent great public societies show, furnish a fatality equal to that from suicide, yet it apparently increases. But phthisis, Bright's disease, and the fevers of the malignant type give us nearly our whole mortality. Even in our own city it is shown that about three-quarters of all deaths are from phthisis. How grand a field for therapeutics! I yield to no one in my admiration for what the late improvements in abdominal surgery have done for humanity, but it must be acknowledged they cut but little figure in reducing the general mortality rate.

The question that specially interests us to-night, is whether homœopathy can do anything more than heretofore to lessen the mortality from malignant diseases? Have we any grounds for believing that our efforts will enable us to accomplish cures where now they seem impossible? This is a matter for the most earnest, thoughtful consideration. No claim should be made that cannot be substantiated. In its discussion it is necessary to review what homœopathy has done. First, we assert that it can be demonstrated that it has had powerful influence upon pronounced morbid conditions of tissues, hence, it is fair to infer that a closer study of it may lead to a knowledge of remedies to reach even the gravest lesions. We have indeed failed to convince all our opponents of the value of our system, by our superior results as shown by statistics, in the treatment of such diseases as cholera and yellow fever, which are characterized by great severity and fatality. They either deny their truth, or dispute the cause, for recoveries are many under any treatment. The demonstration is satisfactory to us, and has made no inconsiderable number of converts from the ranks of the old school. Homœopathy has accomplished all that the statistics of Grauvogl, Dake, Ameke and others show, in reducing mortality in the above affections, although such a candid and broad minded man as Dr. Bowditch regards them as "little less than worthless." We are thoroughly convinced ourselves. We have, moreover, for our support what may be called the *unclaimed statistics* of homœopathy. These are not vigorously asserted and defended as their prominence justifies. Homœopathy has wiped out all symptoms of syphilis, save the

lightest, and absolutely shorn the disease of its ancient terrors. It has shown that persons who have been reared under its benign influence are rarely subject to inflammatory rheumatism at any period of life. It has almost obliterated puerperal fever from the families of our adherents. It has vastly diminished the prevalence of all the grave lesions, such as phthisis and Bright's disease, and we may make honorable mention of the great relative ease and comfort which it has brought to the patient sick with acute diseases. Can I better enforce the truth of this last statement than by an actual incident? An old school member of a hospital staff was one night vainly trying, with best intent, by means of most active measures to *torture back to comfort* an apparently moribund patient. The trained nurse finally expostulated. "He will die if I do not interfere," said the doctor. "He will die if you continue," was the calm response. "What would you do?" said he. "I would do as the homœopaths on the other side do. *Leave him to me.*" "I will," was the laconic reply of the doctor. The patient was soon easier and made a good recovery. Such actual experiences, it would seem, are often enough repeated to have convinced the most skeptical, but, as we have seen, the world still needs new and sensational proof.

I have an abiding faith in statistics, albeit they are received with such contumely by some. At the Fifth Annual Convention of the Bureaus of Labor, recently held at Madison, Wisconsin, the Hon. C. C. Bonney said: "Law-makers would do better work if they had better information. Law is sometimes called the science of human experience. Experience consists of facts. Statistics are net facts classified. It is only by study, classification and analysis that the principles which give vitality to facts can be discovered." The only means by which the results of a wide and varied experience in any department of life can be collected, classified, analyzed and studied is that known by the name of statistics."

At the International Congress at London, Sir James Paget in his inaugural address said: "In thus speaking of the value of careful observation and record of facts I seem to be in accord with the officers of all the sections."

We need the advent of the statistician in homœopathic medicine, and he should have for his work the most superior education and experience. If we take 100 children of phthisical parents, we claim that homœopathy can save a large percentage from the inroads of the

disease, not alone from hygienic means enforced in common with our old school friends, but because of Calcarea carb., Kali carb., Phosphorus, Bryonia, etc., given as symptoms indicate. A long continued and careful observation of cases treated with and without remedies would be necessary to establish such a claim. Our school is the one which should, par excellence, undertake this work. Unfortunately we have no statistics that help us here, but the combined experience of our physicians has brought conviction to us already, and even Dr. Bowditch admits that we "must rely largely upon the judgment and experience of those eminent in the profession."

It is greatly to be lamented that we were never successful in having homœopathic life insurance companies on a large scale. I did all I could to sustain them by failing with each of the three companies that have been organized. I don't know that I was the Jonah, but I clung to them all to the death. Maybe, if every homœopath in the land had been as faithful, I would not now lament the loss of statistics, not to mention my unrequited shekels. It ought not to discourage us that neither by statistics or argument can we convince more men of the truth of our law, for are we not hopelessly divided on every prominent issue? The fact is that the large majority of men will not take the time to examine any great question other than superficially. How many of us to-day can make out a differential diagnosis between protection and free trade, capital and labor, agnosticism and religion, or socialism and anarchy? All intelligent men have a good general idea, but is it not likely that many of us would change our views after a special study of either of these subjects? Just so with the medical world. The same routineism that makes it continue venesection for 2,000 years keeps it from investigating homœopathy.

Since, then, the aggregate experience of those eminent in the profession teaches us that many a grave pathological condition is a sealed book to the homœopath, because the mild but effective measures early adopted preclude the possibility of the development later of serious lesions, it is fair to make a statement that we have diminished cancer and phthisis largely by preventing their outbreak. Yet we have shown this is hard to establish in all minds. Can we make a more absolute demonstration? Can we take cases of phthisis and carcinoma, already existent, and cure them, so that not only the laity but the whole profession will be convinced? Let us examine the grounds on which we may hope we can do this.

Carroll Dunham, whose saintship in homœopathy none can deny, gave us the key-note to the solution of this problem which we have only to develop.

He says: "If, then, our science of therapeutics be not capable of adapting itself to, or dovetailing with, or making subservient to its use, any exact related physical science, is not that fact the condemnation of our therapeutics? Pathology is the science of functions as modified by disease, and pathological anatomy the science of tissues so modified by disease. Using the word symptom in its largest sense as a modification of function or tissue, or both, *pathology is therefore the science of symptoms.*" How true this! Can not we all assent? There is the close connection always between symptoms and pathological conditions. Indeed it is likely that the tangled web of pathology will yet be unraveled by symptomatology. Yet Grauvogl says plainly how uncertain a guide pathology has been in furnishing us indications for treatment. Other prominent men in our school have from time to time inveighed against pathology. Those who advocate, and those who deride pathology, simply look on opposite sides of the shield. Hahnemann denounced in bitter terms the pathology of his day. Yet in chronic diseases he says: "The first duty of a homœopathic physician, who appreciates the dignity of his character and the value of human life, is to inquire into the whole condition of the patient, the cause of the disease, his mode of life, the nature of his mind, the tone and character of his sentiments, his physical constitution and especially the symptoms of the disease." Is that mere symptom hunting? Is any better evidence needed that he valued pathology in its true relation?

Again we find that Dunham saw both sides of the shield, for he further says: "But if diverting pathology from this its legitimate function, the homœopathists construct by its aid a theory of the essential nature of the disease, and a theory of the essential nature of the drug effects, as that the one or the other depend on a plus or minus of some blood constituent, or on such or such a cell change, or on such or such a structural lesion, and if he draw his indications for treatment from such a theory, he introduces into his therapeutics the same element of hypothesis against which Hahnemann protested, and in so doing he diverges from homœopathy towards the blind uncertainty of older therapeutics."

If, then, pathology in its wide sense is the science of symptoms, it is by a study of symptoms alone that we can learn the correct pathology. Under such a method of observation this

branch of medicine ceases to be guess work. No longer will we have a different view of the pathology of a morbid state by each authority, varying with the fashion of the times, but it will be as fixed as semeiology. The reason it has heretofore failed to be of service to therapeutics is because it has been worked from the wrong end. Take pathology as represented by its most true method of expression, *viz.*, the symptoms, and it at once becomes an aid to therapeutics.

With these views concerning the relation between pathology and symptoms let us take a case of phthisis. We have the same train of phenomena as in any inflammation, *viz.*, afflux of blood to the parts, stasis, products of inflammation with their degenerative changes plus some unknown factor that renders the train of morbid processes unamenable in the end to present methods of treatment. The specific nature of this is as unknown as it was before the bacillus tuberculosis was discovered. Laennec divined it, as the geniuses in medicine so often do with their unerring prescience.

So with carcinoma. In its essential nature it consists of cells very like the physiological cells, epithelial and endothelial cells, colorless blood corpuscles and gland cells. It is merely the subsequent specific metamorphoses in these that give rise to disintegration of the part or organ affected. Is this specific change the same or different from that which urges the tuberculous exudation on its destructive career? Have we as homœopaths done our whole duty in interrogating the symptoms of the diseases with a view to unfolding their pathology and therapeutics? I am a positivist in medicine. Great is my faith in the *vis medicatrix nature*, but great also is my faith in *similia*. Did not Hahnemann announce by study of symptoms that Veratrum, Cuprum, and Camphor were the homœopathic remedies for cholera? Can we not study symptoms of phthisis and carcinoma and reach cures?

It is because we do not study that we do not cure. There are more laws in homœopathy than we dream of. We must find them. Let us not allow our old school friends to hit on ways and means and actually filch from us our good things. The study of Phosphorus shows us that it has symptoms adapted to that condition where commencing exudation has already blocked many an air vesicle. What follows its use? Absorption and resumption of vesicular breathing over closed areas. Phosphorus causes fatty degeneration. We have then a pathological explanation of its action. Moreover, there are clearly, during the period while these pathological

changes are going on, the special symptoms of Phosphorus. May it not be possible that the transforming element from the benign to the malignant, instead of being some vital, chemical, biological, mechanical process, is merely in each case some simple aberration, different for each individual, and when we know it, plainly enough manifest by the special symptoms?

Cases of phthisis are similar in their main pathological features and general symptoms, yet how unlike in detail. Each one has its own individuality. Cover the patient's face and educate yourself day by day with the symptoms, and you would learn your cases as readily as by the features. Many homœopaths have all along worked at them too much on general principles. Pathology studies the disease in its special details and finds it can make a clear distinction between the fibrous, tuberculous and catarrhal forms and recognizes to a certain extent the fixed. We can go further and offer special symptoms for each case and individualize under each form. To illustrate: take two cases of fibrous phthisis; while quite similar in general features, one will have a cough, hacking and mildly irritable; another will have more violent paroxysms; the mental symptoms of one will be mild melancholia, the other will present the usual cheerfulness. Thus we draw finer and finer distinctions all the while. It is just here our varied symptomatology comes to our aid. To illustrate further the point just made, we may cite that a case of phthisis now under treatment had this peculiarity: hemoptysis every night at two o'clock; waking the patient out of sound sleep. I found nothing to correspond, but from analogy gave him China; the next day the patient said delightedly, "You have struck it." There has been no hemorrhage since, and the patient's condition is vastly improved. Query: Was the morbid process timely checked? Now how certainly may we depend upon this symptom of periodicity in China to help us in analogous cases. We have established periodicity as a law of China just as we have that Natrum mur. will aggravate at eleven and Kali carb. at three. Doubtless we can go as far with many of our other remedies. How much further advanced than our old school confrères we are, whose clinical therapeutics, according to H. C. Wood, have established scarcely anything but these principal facts, that Opium will allay pain and lull to sleep; that Quinine will arrest an intermittent (sometimes) and that Salts will purge.

Virchow thought, if biology and etiology once became complete we should have a rational

therapy. But just now biology is under a cloud. Semmola, at the last International Congress, ably showed the failure of the microbe, and Roscoe, at the late meeting of the British Association for the Advancement of Science, said: "The microscopist must again give way to the chemist. It is by chemical rather than by biological investigations that the causes of disease will be discovered and the means of removing them obtained." They have been equally at sea on etiology. Speaking of the prevalence of typhoid fever in large cities this fall, the *Louisville Courier-Journal* says: "The cause of the disease and the source of the disease are as mysterious as ever." "It comes from the well water," declares one class of physicians dogmatically; but, it is as frequently in houses where no well water is used. "It comes from the sewer attachments," is the opinion of others, but the absence of sewer attachments is no safeguard, as the experience of many households show. It is, others think, due to impure milk, but it invades families who have cows of their own. It is due to change of climate, but it attacks the oldest inhabitant. It is due to overwork, and yet it attacks idlers; it is due to mental anxiety, and yet it numbers among its victims those who never had a care in their lives." This lack of knowledge must be charged to physicians themselves; there should be a report of each case of typhoid fever in which all the circumstances should be given. If it were possible to have such reports cover the past five years we should know just how much influence water, air, sewer gas, employment, location, high living, poverty, dark cellars, new buildings, new streets, and other conditions, have in propagating or perpetuating disease. It would be wise to have such reports uniform, and to embrace every fact bearing on the subject. The reports could be systematized by the health officers in every city, and in a little while, with this comprehensive plan, some trustworthy conclusions would be reached. From these considerations we are urged to further investigation. We must push aside those to whom every new idea is a *bête noire*.

Homœopathy has laws. It has its cardinal law upon which it was founded, but the laws of the adaptation of remedies are still to be given us. Not only will we have provers, but we will have laws governing the selection of remedies from the provings. The harvester garners the wheat, but a finer process gives us the snow-white flour. In the discovery of these laws how fertile the domain of malignant diseases!

Through their study we can place medicine, and especially homœopathic medicine, on a plane higher than it has yet occupied, with no more than a year's effort. Suppose every homœopathic physician would for one year take the most accurate description of symptoms and physical signs of a single phthisical patient, keep close records of each prescription and its results, reasons for giving, etc. Each observer would thus be in a way a specialist. Then, let these results be carefully tabulated and studied. What valuable information we should secure! Some of the reports might be of little value, both from carelessness of detail and observation, but we could glean a rich fund of knowledge. If our previous statements are accepted, we can readily see the results would be startling. We may find that the pathology will always be manifest from the effects of the drugs, for we shall learn that given effects always sub-tend given morbid conditions.

It is not a reproach that we cannot now cure the malignant diseases. As reasonably might we ask the theologian to rid the world at once of all sin. We may inquire, Are we not already abreast of the times? Look at politics, theology, science, exact, methodical science, and see what wide differences of opinion, what sects, what dissensions exist. It is only the crank who asks for perfection before its time. It is urged, as we are all painfully aware, that medicine has advanced least of all, in an age when startling invention succeeds startling invention. Telegraph, telephone, phonograph lead the human brain to instant conclusions that in the days of Gutenberg would have taken indefinite time. In the mental development that this productive environment generates, every branch of human knowledge forges rapidly ahead. Medicine is not behind, but to make her perfect as a science will require yet more than one generation. One of those doctors "who always go on foot and do not cover much territory," succeeded a popular and successful physician in the treatment of a stubborn, chronic case. He said of his predecessor that he was too busy to have charge of such a case. There is food for reflection here. Take any case of severe disease. How much careful, patient study, involving hours, must be given it before we have mastered its complete semeiology. Then the treatment may be quite quickly determined at first, but to study its results carefully and note them with exact judgment, require both time and good mental poise. A lawyer takes hours and days for an opinion involving property. We take minutes for an

opinion involving life. Hospital and private practice are alike. How difficult it is to secure full and complete records of even hospital cases. We may put down what seem to be the salient points, but many hourly and even minutely changes are always unrecorded. What would the proper treatment of a case of phthisis involve? We should, to illustrate, make a careful physical examination; then, having noted results, take the rational signs, then prescribe; then each day, or at least tri-weekly, we should re-examine to see the physical changes, and take down changes in symptoms. One man in a hospital could not take over four or five cases a day and make proper records. A lawyer is well content to familiarize himself day by day with the details of a single case until he has mastered it. Not alone do we require capability on the part of those who report cases, but honesty and judicial, unprejudiced minds. Since, then, we encounter difficulty not alone in obtaining reliable statistics, but in convincing opponents after we have secured them, we need data that will hold undisputed sway. In no domain of medicine are we more likely to find them than among malignant diseases.

It may here be noted that at the last German Congress of Medicine the belief in the curability of one-fourth of the cases of phthisis was boldly announced. If such results are attainable by old-school methods we ought to accomplish yet more with our superior therapeutics.

Superior as we are, we are yet too overly charged with routineism. As Bacon says: "Much iteration, but small addition." To aid in the selection of our remedies we must break the bounds of routineism. If we only will, who doubts the probability of our obtaining before long the assigning of definite laws for the selection of the remedy? If Phosphorus acts best on the lower lobe of the left lung, depend upon it there is a reason for it. Our present process, which fits the remedy to given symptoms, rests simply upon the selection of a correspondence. Pure memorizing, which we all fail in as we grow older, however active and retentive our youthful memory may have been, should certainly not be the only qualification for the old and experienced practitioner to aid him in the choice of a therapeutic agent. Homœopathy, which, mainly upon this basis, has already helped to bring medicine nearer the position held by other sciences, will raise it still higher when the laws governing the choice are better defined, as defined they will be. When I hear homœopathy decried by its foes, or see it tem-

porarily abandoned by its adherents for the random medicine of the old school, my indignation is fervent, and I am only consoled by the words of Him who said, "Father, forgive them, for they know not what they do." Read the lamentations of the great lights of orthodox medicine over the failure of its two thousand years of therapeutic experience, and ask why we should turn back. Rather let us with the marvelous light which homœopathy has already given, further develop it, until we have a demonstration that will convince the most obdurate.

If physiology and pathology, as ordinarily applied, fail in establishing a therapy, and homœopathy has furnished us the most scientific basis for one we have yet had, may it not with a more complete development accomplish the cure of both phthisis and cancer? Grauvogl says: "Again even pathological anatomy takes upon itself to decide upon the curability or incurability of pathological exudations for which it has no right." We have already seen phthisis to be an inflammation plus the unknown factor. This unknown factor, this algebraic x , has its evidences in special symptoms such as lead us to the idea of incurability, viz: unamenability to medicine and steady progress without self-limitations. But this same homœopathy, better than any other therapy, establishes in some of the malignant diseases susceptibility to medicine retardation, of course, and cures. Why should typhoid and variola exhaust themselves and phthisis and cancer continue until the patient is exhausted? Is it not because of the condition of the constitution antecedent? Carefully interrogate symptoms, tabulate them, and note their logical results. Then we find that the aversion to labor, melancholic mood, catarrhal tendencies, neuralgic pains in the chest, and dyspeptic symptoms are long antecedent to the physical outbreak. Homœopathy alone offers remedies for the cure of all these prodromata.

In the discovery of a guide for remedies we step aside from the special symptoms of the disease to the constitutional or concomitant symptoms—thus Grauvogl suggests for croup, with its well known phenomena, which may have few accompanying symptoms, Copper when spasmodic conditions prevail; Ipecac, Iodine or Bromine when associated with intermittents and neuralgias, and Hepar with angina, urticaria, erysipelas, and felons. Then again to the patient with chlorosis, with uterine and pulmonary hemorrhages, phthisis, scrofula, inflammation of the eyes, diarrhoea, ascarides, etc., Iron. Chlorosis, with affections of the larynx and

bronchi, Chlorine; sweating of the feet, Cuprum; chlorosis, with melancholy, hysteria, disturbance of the heart and kidneys, discharges from the ear, Pulsatilla.

Duchenne recommended the Faradic current for the paralytic form of writer's cramp, and states that the spasmodic form made it worse. Nunez found a pneumonia with a miliary eruption, and straightway a more successful treatment. Thus we made our distinctions more and more definite until a concomitance of special and general symptoms will always give the knowledge of the remedy. Homœopathy shows that our distinctions need to be so fine that in the treatment of disease we look to the color of the hair and eyes, and even the weight of the body. These facts, and many others that might be quoted, show that the whole secret of successful treatment lies in the power of differentiation. Homœopathy, with its wide range of symptoms, furnishes scope for the most exact differentiation, but it does not always cure. We must be more than mere symptom-hunters. Should we not press this differentiation to the development of the relations of the special symptoms of each case to its special pathology? Our ninety years of homœopathy has given us the most scientific *materia medica* we have, and ample clinical verification which we can place against the babel of discordant voices of the 2,000 years of allopathy. It is for homœopathy, with its exact therapy, to still further follow out on the same line of study the treatment of malignant diseases. There is another relation in which homœopathy can do more for malignant diseases than it has done heretofore. We can prove new drugs, and reproduce old, and establish their applicability to them. In the treatment of carcinoma, Chloride of chromium, Chian turpentine, Carbolic acid and Arsenicum have not received at our hands the consideration their symptoms and clinical experience demonstrate they should. Let us do better than the knife and certain recurrence. Since Arsenicum in potency has cured epithelioma, may it not, if early used, have power over other forms?

Note the value of Phosphorus as indicated in the case of Addison's disease, which I reported at the meeting of the American Institute at Put-in-Bay in 1878, and here I venture to add that not only did the symptoms indicate it, but I was able to trace the relationship of the disease to tuberculosis, as one of its many forms — a view which, I am glad to say, is lately confirmed by other observers.

Calc. jod. will cause separation and extrusion of a uterine fibroid. Calc. carb. should be written in letters of gold in every family where there is marked scrofulosis, for the silent, constant improvement it can steadily effect. Scrofulosis is the child's tuberculosis, and curable in most instances unless it takes the form of basilar meningitis, when it assumes the malignant character.

Few indeed will be the cases of malignant glandular disease when these or other indicated remedies have been used as the dyscrasia first announces itself.

Our minds are so imbued with our ability to cure in certain directions, and how to rid patients of their numerous ailments, that we lose sight of our helplessness in malignant cases of diphtheria. Even now in the various cities and towns of our land it is raging with special virulence, and our school has little power over some of its worst forms. If the claim is true that one of the most malignant epidemics was cut short at once by Sulphur, which was specially indicated by the characteristic symptoms of that particular epidemic, and that no fatal case occurred after its use, we are encouraged greatly in the hope that the *similimum* may be found for all forms.

It is well worth the establishment of a medical commission, able and well paid, to investigate this matter alone.

Now and then such an experience as this occurs to every physician: A patient of mine with acne had been to several prominent physicians in Chicago and Boston, one, at least, a most competent dermatologist. No means had been spared, and the finest talent of both schools, homœopathic and allopathic, had been for months invoked in vain. A Paris physician, I do not know of what school, cured the case with a single prescription of some herb. That it was not a chance result has been attested by subsequent success in similar cases. The cure of the acne in each instance was attended with marked improvement in the general health.

Wolff cured writer's cramp in fifteen days by massage. Every such cure should be thoroughly sifted and its exact relation to therapeutics established.

It has been said that semeiology has been exhausted. In no sense, when, as Paget says: "We are occupied with all varieties in all classes of men, of every age and every occupation, in all climes and in all social states, men singly and in multitudes, in poverty and in health, in wise and unwise living, in health and all varieties

of disease, and we have to learn the results of all these conditions of life, while in successive generations and in minglings of families they are heaped together, confused, and always changing." It has no more been exhausted than has been the proving of drugs. Never mind the 3,000 symptoms under Sulphur, I can find 3,000 symptoms in diseased conditions to match.

A phthisical patient, with all that the name implies, weighing only eighty pounds, and in a far advanced stage of the disease, lately came on with menorrhagia. Remember Watson's sign of the little old woman with the red hood and a broom as the aura of the epileptic. Show me a patient and I will, with a little eliciting, show you a new symptom. What we need is not fewer symptoms, but more laws governing the relations of these symptoms to the selection of the remedy. Development in this matter requires the slow process of mental evolution that obtains in all sciences. Symptoms are our guide, and will surely lead us not only to a correct therapy, but to a correct pathology.

It is matter for regret that the nature of the subject has made this paper more suggestive than demonstrative; but let us, who tenaciously hold to homœopathy, still further develop its provings, interrogate with deepest scrutiny the symptoms of all diseases, investigate their relations to pathology, and strive with intense interest for the discovery of new and well defined laws of administration. When we survey the field and see what is to be done in semeiology and therapeutics, and accept that it is in these very departments that our strength lies, we are derelict to our duty if we do not labor zealously and endeavor to bring results that will so affect our mortality from malignant diseases in a favorable manner that there will be no one left who will not rise up and call homœopathy blessed.

This may mark a new era in medicine. With the Malthusian doctrine we have nothing to do. Our business is to save every human life we can. While we look on with awe at the irresistible evolution of the race, with Nihilism rampant in Russia, with Socialism strong in Germany, with France convulsed with internal dissensions, with London menaced with those riots, which not only stir this greatest of all cities to its depths, but strike terror to the heart of the civilized world, with the bombs of anarchy lately in our midst, and with the financial anarchist slowly but surely strangling the life out of thousands of helpless victims, my spirit rises into the realms of prophecy, and I see the doctor settling the whole question, as with a more subtle and

enlightened therapy than ever before obtained, he purges our poor human nature from those physical and moral congestions that are the mainspring of all our vices.

In our noble work may there be naught but harmony. Men's minds are not alike. How stupid they would be if we were all cast in the same mould! Let the man of statistical turn render his aid; let the imaginative man arouse us with his fancies, the philosophic man with speculations, the acutely observant man furnish clinical facts, the practical man, instruments, and the scientific man evolve new laws. Above all, let us remand to the infernal gods from whence it came, all vituperation either of each other or our opponents. Let us take in all until among the 200,000 medical men in the world there shall be that concord and unity that will with a single purpose focus our medical knowledge upon a plane within the ken of every observer. May we be so earnest in this study that the years shall be few before homœopathy can say even of the malignant diseases, "Leave them to me."

PULQUE IN ALBUMINURIA.

By R. N. FOSTER, M.D.

CHICAGO.

ABOUT two months ago a gentleman residing in this city, who had been under my care for diabetes for four years, and whose diabetes had disappeared, but only to give place to albuminuria, called my attention to a printed circular which he had received. The circular called attention to a preparation of the juice of a species of Mexican cactus, and recommended the same modestly as a remedy in Bright's disease. The juice, which looks and tastes something like a sample of well-watered and badly spoiled milk, is put up in great bottles, and is used as a food — about one-third of a bottle daily. My patient asked my advice respecting a trial of it in his case. Inasmuch as his urine now exhibited about seventy-five per cent of albumen; as his legs and feet were enormously swollen, his abdomen dropsical, his lungs cedematous, his heart tired, and the toes of his left foot gangrenous — one toe having sloughed off entirely; inasmuch as he could only sleep in a chair, the recumbent posture being impossible; and as he was daily growing worse in every respect, notwithstanding months of careful treatment; as a matter of course I recommended him to try a few bottles of Pulque.

There was at that time none to be had in this city, but after some delay a few bottles were obtained from St. Louis by express, and my patient commenced its use. Immediately, I may say with-

in twenty-four hours after taking the first drink, there was an increase in the quantity of urine passed, and a marked diminution in the quantity of the albumen. The improvement continued every day, until at the end of four weeks' use, the albumen had fallen to about twenty per cent, with a corresponding improvement in all other respects, with the one exception of the œdema of the lower extremities. This remains unchanged. The sugar in the urine has not yet reappeared. The patient's appetite has improved. He sleeps better. His exhausting dyspnoea and cough have ceased. The improvement, when we consider the advanced stage of his disease, is worthy of the utmost consideration; and it is doubtless due to the Pulque.

Seeing the prompt effects of this food in his case, I recommended a trial of it by a lady who two years ago suffered from the albuminuria of pregnancy in its worst form.

The case had progressed before discovery to œdema of the face and upper extremities, and violent cephalalgia. She was at the eighth month, and the urine passed was two ounces in twenty-four hours, and it became literally solid on heating. Labor was hastened and we escaped with a slow recovery, but with a chronic albuminuria which nothing could reduce below about seven per cent of albumen. Nothing seemed to alter this per centum. Months of treatment, almost daily observation, many remedies, water, foods,—all failed to produce the slightest apparent effect. Meanwhile, with the exception of a doubtful cardiac lesion, my patient was in apparent good health.

Here now was a test-case for Pulque. The urine was tested. The albumen was still there in the fixed amount. Pulque was taken for one week. Again the urine was tested. *The albumen was not there.*

My third case was that of a lady advanced to her seventh month in pregnancy. The usual symptoms, cephalalgia, dyspnoea, œdema of the face and upper extremities, extreme restlessness, and so forth, led to an examination of the urine. It proved to contain seventy-five per cent of albumen. After three days use of buttermilk and Pulque, the albumen was reduced to a mere trace. Suddenly it increased for two days, then again disappeared, and has continued for several days to exhibit the merest trace of its presence. Meanwhile the suggestive symptoms above mentioned, have all vanished, and the woman seems to be in perfect health.

The fourth patient is one under the care of my colleague, Dr. Geo. F. Washburne. Her condition was in all respects very similar to that of the patient just described; so much so that the same description will serve for both.

Twenty-four hours after she began using the Pulque, the albumen had fallen off from seventy-five to ten per cent. In two days it had returned to the larger volume, and further reports are awaited with interest.

These four cases speak for themselves. They are certainly sufficient to justify a report of progress. The disease in question is among the most formidable and least tractable with which we have to contend.

From the above experience I cordially recommend to the readers of the *ERA* a trial of Pulque in the albuminuria of pregnancy, of scarlatina, and of Bright's disease properly so called. For that matter it ought to be tried in all forms of albuminuria. If a food has been discovered which can deliver us from the terrors, and our patients from the dangers of puerperal eclampsia, it is indeed of inestimable value. It is too soon to claim this for Pulque, but I should not feel justified in withholding the results of my brief experience, when by making it public experiment on a wide scale becomes immediately possible.

II.

HAY FEVER;

RHINITIS VASO-MOTORIA PERIODICA.

BY E. LIPPINCOTT, M.D.

MEMPHIS, TENN.

History.—This disease was first known or written of in England, having first made its appearance there. On page 191 of the second volume of the "Practice of Physic," by William Cullen, M.D., published in 1793, under the head of Asthma, he says: "In some persons the fits are readily excited by external heat, whether of the weather or of a warm chamber, and particularly by warm bathing. In such persons fits are more frequent in summer, and particularly during dog-days, than at colder seasons."

Judging from the above, Dr. Cullen must have met with hay asthma in his day. Hay fever was first written of by Heberden, who made some remarks which show that he had recognized the affection as distinct from the usual catarrhal and asthmatic troubles, and unique in its annual recurrence. He ventured no opinion concerning its causes, and did not seem to know anything of its real nature. It was first described by Dr. John Bostock, of London, in 1819, in a paper read before the Medico-Chirurgical Society of London, in which he described his own case under the title of, "A Case of the Periodical Affection of the Eyes and Chest." This gave origin to the term "Bostock's Catarrh." In 1828 he read a second paper on this subject before the same society, and gave a more lengthened account of the disease, paying attention to special symptoms which distinguish it from other complaints resembling it. In his second

paper the disorder was called "Catarrhus Æstivus," or "Summer Catarrh." He described a form of the affection corresponding in its main features with what is now known as "Rose Cold," or "June Catarrh." In the nine years intervening between the two papers, no other notice of the disease appeared in printed form, but Bostock had either seen or had received distinct accounts of eighteen cases in addition to ten others in which the accounts were less perfect.

In 1828, Dr. Macculloch mentioned the disease, and in speaking of its causes, said: "It is produced by hot-houses, or green-houses, and in the public estimation it is particularly caused by hay fields." In 1829, Mr. W. Gordon published his "Observations in the Nature, Cause, and Treatment of Hay Asthma." In 1830 Mr. Augustus Præter published a short notice of a case he had seen in Paris, some years before. Dr. Elliotson noticed the disease in his lectures in 1831. In 1833, he gave a fuller account of the malady. In 1839, he mentioned pollen as being the probable cause of the affection.

In 1854, Dr. Phœbus (professor of medicine at the University of Giessen) gave an analysis of 300 cases. In the early part of 1859 he sent out circulars, which were published in various medical journals in Europe and America, inviting medical men all over the world to send him answers to a series of questions so framed as to embrace every possible kind of information about the causes, symptoms, and progress of the disorder, its periods of prevalence, geographical and ethnological distribution, and its prevention and treatment. Although this disease is more prevalent in England and America than in any other parts of the world, it was to the above mentioned German author, Dr. Phœbus, that we are indebted for collecting and putting into an available form all that was known of hay fever up to the time of the appearance of his monograph in 1862. He was not himself a sufferer from the disease.

In 1860, Dr. George Wyld, of London, gives as the probable cause, "the pollen of hay floating in the air." In 1865, Dr. Wm. Abbotts Smith issued a second edition of his "Observations on Hay Fever, Hay Asthma, or Summer Catarrh." In 1866, a fourth edition of the same work appeared. In 1867, Dr. Wm. Pirrie issued a monograph on "Hay Asthma, or the Affection termed Hay Fever." In 1869, Dr. George Moore issued a monograph on "Hay Fever, or Summer Catarrh: its Causes, Symptoms, Prevention and Treatment." In 1868 the

distinguished physiologist, Helmholtz, claimed to have discovered in the nasal secretions of hay fever patients, certain low vegetable parasites — vibriones — to which he ascribed the origin of the disease. This discovery was afterwards said to have been confirmed by several others. On the other hand, other microscopists of equal reputation have failed to substantiate the discovery, even with high magnifying powers. In 1870, Dr. W. C. Roberts published a paper on "Catarrhus Æstivus, Hay, Rose, or Peach Cold, or Asthma," in the *New York Medical Gazette*, Oct. 8th, 1870, in which he claims priority of discovery of, and wished due credit awarded for, the symptom of excessive coldness of the end of the nose, which he considers "as the pathognomonic one."

In 1872, Dr. Morrill Wyman, of Harvard University, published a work on "Autumnal Catarrh," containing a record of eighty-one cases, and maps giving the boundaries of its distribution throughout the United States. He deals with the question of heredity, as well as the geographic and chorographic relation of the malady. Although a sufferer from the disease, he does not seem to have any settled or exact opinion of the nature of its cause.

In 1873, Dr. George M. Beard, of New York, published a treatise on "Hay Fever," or "Summer Catarrh," and in 1876, published a monograph on the same, in which he attempts to demonstrate that a large per cent of hay fever sufferers are of the nervous temperament, and that the exciting causes are very numerous, and not limited to pollen, as had previously been maintained by the majority of writers.

In 1873, Dr. C. H. Blackley, of Manchester, England, reiterated Elliotson's opinion, that the affection is caused by pollen, and demonstrated by a series of experiments — which began in 1859 — its role as a causative influence in this disease. In 1880, in his "Hay Fever, its Causes, Treatment, and Effective Prevention, Experimental Researches, Second Edition," he has sifted and re-arranged this mass of evidence after a more logical method, and collected additional evidence to substantiate it.

In 1875-'76, Dr. Elias J. Marsh, of Paterson, New Jersey, made experiments on the causes of hay fever, after the plan pursued by Blackley, recommended in the first edition of his work. In 1877, he read an essay, on "Hay Fever, or Pollen Poisoning," before the New Jersey State Medical Society. He attributes the cause to pollen. To him we are indebted for the term "Rag-weed Fever."

In 1882, Dr. W. H. Daly, of Pittsburg, Penn., published a treatise, in which he attributed the cause of the annually recurring attacks of hay fever "to local chronic disease of the nasal cavities, upon which, the exciting causes act with effect," adding that "the parts should be put in order, and thereby enable them to withstand the exciting influence of the next recurring crop of bacteria." Dr. Daly was the first writer to call the attention of the profession to, and to demonstrate, the relation of hay fever and disease of the nasal cavities. In the *New York Medical Journal*, May 12th, 1883, Dr. John O. Roe advocated the same theory, and stated "that hyperæsthesia is associated with, or occasioned by, a diseased condition, either latent or active, of the naso-pharyngeal mucous membrane," and "that the removal of the diseased tissue in the nasal passages removes the susceptibility of the individual to future attacks of hay fever."

Dr. C. E. Sajous, of Philadelphia — unacquainted with the papers of Daly and Roe — published an essay entitled "Notes on Hay Fever," in the *Medical and Surgical Reporter*, Dec. 22nd, 1883, in which he advanced the opinion "that hay fever was due to an idiosyncrasy on the part of certain individuals to become affected by certain emanations; that organic alteration of the surface of the nasal mucous membrane altered its sensibility and destroyed what morbid irritability might have attended the nervous filaments distributed over it," and, furthermore, that "hypertrophies of the nasal membrane increased its irritability and the intensity of the symptoms." In 1885, he published a monograph on "Hay Fever, and Its Successful Treatment by Superficial Organic Alteration of the Nasal Mucous Membrane," illustrated with thirteen wood engravings.

Dr. Harrison Allen, of Philadelphia, in an article in the *American Journal of the Medical Sciences*, January, 1884, on the treatment of hay fever, attributed the disease to permanent or temporary obstruction of one or both chambers, and advanced the opinion that by overcoming this obstruction by the usual methods, a cure could be effected.

In the *New York Medical Record*, July 19, 1884, Dr. J. N. Mackenzie, of Baltimore, suggested the term "*Coryza Vaso-Motoria Periodica*," on the ground that "the disease is essentially a coryza, showing, in most cases, a decided tendency to periodic recurrence, and dependent upon some functional derangement of the nerve centres as its predisposing cause."

In 1884, Dr. Morell Mackenzie, of London, delivered a lecture at the London Hospital Med-

ical College, in which he favors the pollen and idiosyncratic theories.

Etiology.—Dr. C. H. Blackley says: "The successful elucidation of the ætiology of disease is fraught with consequences the value of which it is scarcely possible to estimate, and it is principally on account of its intimate connection with the physical well-being of mankind, that we ought to be desirous of laying bare its secrets."

Since 1819, when Bostock first described the affection, numerous and diversified theories have been advanced to explain its causes and the phenomena of its periodicity, among which are: (1). That it is caused by the lodgment in the nasal cavities of the pollen of plants, grasses, etc., floating in the atmosphere, which, being inhaled, produce in them a special irritation, which excites more or less systemic disturbance of other parts and organs. (2). That it is caused by the lodgment or development in the nasal cavities of vibriones, or minute organisms, which induce the attendant symptoms. (3). That it is a functional disease of the nervous system — a neurosis. (4). That it is due to an idiosyncrasy, or constitutional diathesis. (5). That its causes are numerous, among which are heat, light, dust, dampness, cinders, brimstone matches, gas, cold winds, drafts of air, the pollen of plants, grasses, shrubs, trees, etc., the odor of certain animals, plants, grasses, trees, vegetables and fruits, fumes, perfumes, and other emanations. (6). That it is of miasmatic origin. (7). That it is due to local chronic disease of the nasal cavities, and that — except when disease of the nasal mucous membrane or nasal cavities, exists — the alleged exciting causes are inoperative.

The first, or pollen theory, originated with the laity of England, from the circumstance that their annual attacks occurred with the ripening of grasses and during harvest or hay-making time. They therefore attributed their attacks to the influence of pollen: hence the terms, "Hay Fever" and "Hay Asthma" by which it is generally known there. Dr. Elliotson was the first writer to use the term "Hay Fever," which has been attached to it since his day. He was led to give it the name from the fact that one of his patients — an agricultural laborer — observed that his attacks were precipitated by inhaling the emanations of dried hay. This theory is still the most popular one, and is sustained by the majority of writers. The careful experiments and researches of Dr. C. H. Blackley (second edition, 1880), conclusively demonstrate that the pollen of various plants stands as a causative factor in relation to the annual attacks of

hay fever, and later experiments of other writers verify it, but prove that the pollen plays a secondary part only. Flowers have no charm for the victim of this disease, for their presence is often sufficient to excite a paroxysm of sneezing, coughing and asthma.

That pollen is an undoubted factor in the causation of hay fever and its appearance on a specified date is well demonstrated and proven by Blackley and others, from the fact of the precision with which some plants ripen annually, as all botanists know. A removal from the locality where the irritant exists, to the sea shore, mountains or a sea voyage, or a change to any place where the pollen of the special irritant is not found, gives immunity from the attacks, unless the winds should carry the irritant to the new habitation.

The second theory originated with Helmholtz, from his discovery of vibriones, or minute organisms, in his own nose; to their presence he ascribed the disease from the fact that they could be found in the secretions from his nose only when sneezing during his attacks, and not when free from the disease. Dr. Salisbury, in 1873, discovered an animalcular organism which he termed *Asthmator ciliaris*, and considered it to be the cause of the disease. This animalcular theory has a few advocates, which is largely due to the encouragement received from the supporters of the germ theory. Those that are blinded by the supposed scientific glare of the animalcular theory, contend that internal treatment for the relief of hay fever is inefficient, and, therefore, that it is incurable by any "pathy" or any means other than by destroying the parasite. It is difficult to conceive by any process of reasoning why Sabadilla and other medicines, administered internally, high or low, can, and oftentimes do prevent, abort or cure many cases in those who sneeze in the torments of hay fever, if their nose and eyes were paying their briny tribute to the Helmholtzian parasite. The presence of vibriones in the nasal secretions can only be accounted for by the claim that "decomposing mucus is always populous with this common infusoria." Dr. Morell Mackenzie, in his "Hay Fever, Its Ætiology and Treatment, London, 1884," says: "It need scarcely be said that zealous 'bacteriomaniaes' have, of course, sought for parasitic germs in the nasal secretions of those subject to hay fever; but although bodies resembling pollen-corpuscles have been found (*British Medical Journal*, 1881, Vol. 2, page 18), no specific organisms have, so far as I am aware, been detected. It is almost a comfort in these days

to find one disease for which the ubiquitous bacillus does not appear to be responsible."

The third theory has many advocates. Among these the late Dr. Geo. M. Beard, of New York, was one of the earliest and most prominent. In his treatise on "Hay Fever," or "Summer Catarrh," in 1873, and in his monograph on the same in 1876, he was very pronounced in his opinions. But he mistook the effect for the cause, in ascribing the origin of the disease to the nervous system, for the nervous phenomena can be more satisfactorily explained as arising by reflex irritation from the local affection, and by systemic disturbance. According to Dr. Beard's theory (the nervous), three conditions are requisite to the existence of a paroxysm of hay fever: (a). Abnormally sensitive nerve centres. (b). A hyperæsthetic condition of the peripheral extremities of the nerves. (c). The presence of one or more of the vast number of irritants.

But the disease cannot be of nervous origin, else why does it appear at a stated month, day of the month, and even, in some instances, at a stated hour of the day, and not at other times of the year? There is no other nervous disease with which we are acquainted, possessing this peculiarity. Nervous diseases occur at any and all seasons.

The fourth theory is incapable of being the explanation of its annual recurrence at a definite season and generally on a definite day or hour, in persons of apparently good health, and free from any traces of nervous or other disorders at other times of the year. If we may judge by the number of writers on hay fever, and other diseases, who are ever ready to attribute the causes of disease to an idiosyncrasy, without further explanation, one would infer that almost all diseases were inherent in the system. The term "idiosyncrasy" is only a convenient expression to cloak ignorance. The words "constitutional diathesis" would not have so great a significance in the medical world, if we were more specific in our investigation of the cause of disease. If hay fever is due to an idiosyncrasy, it is not a congenital, inherent, or innate idiosyncrasy, and, consequently, the disease is not hereditary. Of the eighty-one cases reported by Wyman, we find only four of the number whose parents were similarly afflicted, which precludes the possibility of its hereditary origin. If hay fever be due to an idiosyncrasy, it is only an acquired idiosyncrasy due to the effects of some previous diseases. In the true acceptance of the term, all diseases that are said to be due to an "idiosyncrasy," or to "con-

stitutional diathesis," are considered as being congenital: hence these terms are not applicable to hay fever. The fifth theory includes too much. Not one of the irritants named bears a causative relation to the disease. The theory that light and heat can produce hay fever, is completely opposed by the fact that sufferers from the affection are usually relieved, or have immunity from it, on going out to sea, where the sun's rays are more powerful than on land. During the hay fever season dust of all kinds is composed more or less of various kinds of pollen. Gas, odors, fumes, and emanations, produce more or less irritation of the nasal cavities, but are not sufficient to set up hay fever in one with a healthy condition of the nasal mucous membrane. To one with a knowledge of the ætiology and pathology of hay fever, the sixth theory — promulgated by John R. Kippax, M.D., of Chicago, in his "Lectures on Fevers." 1884, page 123, — does not present a single feature to commend consideration, or adoption. If pollen is a miasm, then another fact is added to scientific medicine.

III.

SYSTEMATIC CHEMICAL EXAMINATION OF URINE FOR CLINICAL PURPOSES.

BY CLIFFORD MITCHELL, A.B., M.D.

CHICAGO.

III. ESTIMATION OF QUANTITY OF ALBUMIN.

Rough Method of Estimation of Albumin. — Set the second test-tube — namely, that one in which the acidified urine has been boiled — aside, and then note the amount of albumin which has settled. If the amount is *insignificant* the loss of albumin in 24 hours is under 2 grams (31 grains); if *moderate*, from 6 to 8 grams (93 to 124 grains); if *considerable*, 10 to 12 grams (155 to 186 grains); if *very large*, about 20 grams (310 grains). Boil daily, using test-tubes of the same size, the same amount of urine passed at about the same hour of day, adding 3 drops of acetic acid. Lay the tube aside and compare results with those of a preceding day.

Rough Method of Estimation of Percentage of Albumin. — Fill a test-tube two-thirds full of clear filtered urine and add 20 drops of nitric acid; let settle. If the entire fluid is coagulated, 2 to 3 per cent of albumin, *by weight*, is present; if the coagulated albumin reaches half way up the urine, 1 per cent of albumin is present; if one-third the way up, 0.5 per cent; if one-quarter the way up, 0.25 per cent; if one-tenth,

0.1 per cent; if the curved part of the tube is barely filled with coagulum, 0.05 per cent; slight cloudiness merely, less than 0.01 per cent.

It is well to perform the operations in a graduated test-tube, as the comparisons can then be made more accurately, and a record of results jotted down in a note book from day to day.

A neat method of estimating albumin is that of Esbach of Paris. The drawbacks to it are that a specially prepared solution and a specially made tube must be obtained. The advantages are ease of application, and indications sufficiently exact for clinical purposes. It is a very popular method with those now using it.

Esbach's Method. — Dissolve 19 grams (295 grains) of picric acid and 20 grams (310 grains) of pure citric acid (dried in the air) in 800 or 900 cubic centimetres (about $\frac{1}{16}$ or $\frac{1}{8}$ of a quart) of cold distilled water. After the substances have dissolved, add distilled water enough to make a litre (1.05 quart). The specially constructed tube has an upper mark, R, a second mark below it, U, and the figures 7, 6, 5, etc., one above the other, beginning just below U, and going down to nearly the bottom of the tube. Fill the tube with urine, which has been shown to be albuminous, as far as the mark U. Then add the picric acid solution up to the mark R. Close the mouth of the tube with the thumb, and invert a dozen times without shaking. Then close with a rubber cork, and let it settle for 24 hours. Read the height of the deposited albumin in figures on the tube. If, for example, the sediment is as high as the figure 5, it means that this particular specimen of urine you are examining contains 5 grams (77 grains) of albumin to the litre. The graduation of the instrument, therefore, represents in *grams* the quantity of albumin contained in a litre of the urine under examination. Reckon a gram $15\frac{1}{2}$ grains and a litre a quart. See how many litres of urine the patient passes in 24 hours, and multiply this number by the number of grams in one litre, found by estimating, and the result is the total amount of albumin the patient is voiding in 24 hours.

The urine in all cases should be acid. Hence, if it does not redden blue paper add a few drops of acetic acid. Urine loaded with albumin may better be diluted with water, so that the sediment does not rise above the figure 4. If this is done by adding an equal amount of water, then double the result found; if adding two parts of water to one of urine, multiply the number of grams (figure on the tube) by three and so on.

For clinical purposes this method gives at the end of 24 hours sufficiently accurate data. All operations should be performed on a specimen of 24 hours' urine and when comparative estimates are made from day to day care should be taken that the precipitate in each case be allowed to settle for at least 24 hours. If there is no great hurry 30 hours in each case is better. The percentage of albumin is readily calculated by dividing the amount of grams to the litre by 10. Thus, if there were found to be 9 grams to the litre in any particular specimen, $9 \div 10 = 0.9$, i. e., nine-tenths of one per cent would be the percentage.

B. DETECTION OF BILE.

(a) *Coloring Matter*:—1. Get a little splinter of wood from a wooden tooth pick, say, or from a match and drop it into a test-tube containing nitric acid to an inch in depth; a very small fragment of wood will suffice. Then heat the acid and it will turn yellow. Remove the stick and proceed then precisely as in testing for albumin, namely, by causing the yellow acid to flow down the side of the tube into an equal bulk of urine. If bile coloring matter be present, at the juncture will be seen a series of colors from above downwards, green, blue, violet-red, and yellow. Green is the most constant and first color in order; the violet, shading into red and yellow, is also most always seen.

Criticism:—The above test is not always successful. The urine tested should be freshly voided. If the test fails and presence of bile is suspected, dip a piece of white filter paper into the urine and let it dry. If bile coloring matter not detected by acid be present, the paper will be colored brown. Try also the following test:

2. Place some tincture of iodine in a test-tube, and float a few drops of urine on the surface of it: at the point of contact of the two fluids, a delicate green color will be seen, if bile-pigment is present.

(b). *Bile-salts*:—1. Detection:—Dry 30 grains of glucose over the water-bath and, when cold, drop into half an ounce of strong sulphuric acid. A delicate straw-colored liquid results, which will keep for several days in a closely-stoppered bottle excluded from the light. Place a fluidrachm of this in a test-tube and float an equal quantity of urine on its surface; if bile-salts are present a purple color will be seen at the juncture. If the test does not succeed, try the following:—

2. Detection and approximate estimation:—To 20 minims of clear filtered urine reduced to

1008 in sp. gr. add 60 minims of test-fluid prepared as follows:—

Pulverized peptone, (S. & M.) gr. xxx;
Salicylic acid - - - - gr. iv;
Acetic acid (B. P.) - - - m. xxx;
Distilled water to - - fl. oz. viii.

To be filtered repeatedly until transparent.

If bile salts are present in quantity greater than normal, a distinct milkiness promptly appears, becoming more intense in a moment or so. If the bile salts are in normal or less than normal quantity, there is no immediate turbidity, but in a short time a slight tinge of milkiness is seen.

A rough quantitative test may be made by preparing a standard solution for comparison, as follows:—to urine of 1008 sp. gr. add equal parts of the test-fluid and normal urine mixture of sp. gr. 1008.

Any urine (of sp. gr. 1008 by dilution) 50 or 60 minims of which, when added to 60 minims of the test solution, are required to bring up the opacity to that of the standard, does not contain an excess of bile acids. Dr. Oliver has prepared a standard table as follows:—

INCREASE OF PERCENTAGE.				
If 1	Minim or	2	drops are	required. 6,000 times.
" 2	"	4	"	3,000 "
" 3	"	6	"	2,000 "
" 4	"	8	"	1,500 "
" 5	"	10	"	1,200 "
" 10	"	20	"	600 "
" 15	"	30	"	400 "
" 20	"	40	"	300 "
" 25	"	50	"	240 "
" 30	"	60	"	100 "
" 35	"	70	"	83 "
" 40	"	80	"	66 "
" 45	"	90	"	50 "

An increase over 700 per cent is rarely found in urine.

This test detects 1 part of bile-salts in 18,000 to 20,000 parts of a solution of common salt. Dr. Oliver has prepared a test-paper as well. The precipitate caused by the bile-acids differs from all others produced with this reagent in that it is dissolved on addition of a drop or two of acetic acid, and diminishes, but does not disappear entirely on boiling.

VAGINAL MEDICATION IN DISEASES OF THE UTERUS AND OVARIES.

By E. M. HALE, M.D.
CHICAGO.

It has been ascertained by many trustworthy experiments, that the vagina and rectum are capable of absorbing nutritive and medicinal substances to an extent nearly equaling the stomach and intestines.

Vaginal alimentation has been thoroughly tested, and the absorbing powers of that canal have been proven to equal that of the rectum. Suppositories containing various animal and vegetable foods have been used, capsules containing peptonized foods have been introduced into the vagina at regular intervals, and it is asserted by the experimenters that the results were better than when the same foods were introduced into the rectum.

Moreover, the vagina has many advantages over the rectum. The necessity of an alvine evacuation every day; a tight sphincter ani; the presence of hemorrhoids; an irritable rectum, render the vagina less objectionable, as a receptacle for food or medicine, than the rectum.

The absorbents of the vagina are much nearer the uterus, ovaries, and other tissues connected with the genital apparatus, than the stomach. Physiologically, all medicinal substances ought to act more promptly on the pelvic organs when placed in the vagina.

If we take into consideration the fact that each outlet of the body is an entrance to a tube which absorbs nutriment, or medicinal forces appropriate to the needs of contiguous organs, it is logical to suppose then, that the vagina will most readily absorb and appropriate medicinal agents of which the uterus and its appendages are in need. When an organ or tissue is in a pathological state, it craves remedial agents, just as healthy organs crave their appropriate normal food and stimuli.

In my gynecological practice, for nearly twenty-five years, I have practiced applying to the uterus and vagina the remedy indicated by the symptoms and condition of the organs affected. Whenever I could induce the patient to allow the proper application of such remedies, or apply them herself, I have found the curative process to proceed much more rapidly than when medicines were given by the stomach. Some medicines when applied in the vagina, to the os and cervix, will act as quickly as when given hypodermatically.

To those not accustomed to observe the action of medicines applied per vagina, I will say that I have repeatedly observed the general temperature to fall 2° in as many hours after the application to the os uteri of a tampon wet with Aconite 2x dil. I have seen severe uterine pain relieved quickly by the local use of Belladonna 3x dil., and uterine spasm by the use of Cannabis Indica, Ergotin, Hammamelis and Sabina. Cinnamonum will arrest chronic hemorrhage as soon or sooner when topically applied. I have arrested the violent vomiting of pregnancy, with tampons moistened with Ipecac, Cocaine, Bromide of soda

and Onosmodium, when they had failed otherwise. Every gynecologist has observed when applying Iodine, Carbolic acid, Iodoform, Argentum nitrate and Mercurial agents, to the os and cervix, that the woman has complained or observed the taste of these agents, immediately. I have known the mouth and tongue to become dry and the pupils dilate in one minute after the application of a too strong lotion of Belladonna or Atropia to the cervix.

Innumerable instances could be mentioned proving the rapid absorption of medicinal agents into the *general system*, when placed in the vagina. By this method we can sooner get the tonic and hæmætic effects of Iron, Manganese, Aurum, Argentum, Hydrastin, Cinchona and Quinine, as well as Cod liver oil, Cocoa and other nutrients.

Every physician should avail himself of these facts and apply them in practice. It will greatly aid his usefulness in alleviating the sufferings of women subject to diseases of the reproductive organs.

It is likely that many who practice gynecology avail themselves of these facts, but as they do not publish their observations the field is left open to charlatans, who have taken advantage of it, and in consequence the market is being flooded with nostrums whose utility is doubtful, and which are not devoid of injurious effects. Many of these vaginal tablets, balls, suppositories whose components are not given, contain Opium, Morphine, Cocaine, and other narcotics, which are liable to cause the Opium habit and other habits, of great ultimate injury.

Several nostrums which are asserted to be "perfectly harmless" are capable of causing great local irritation, as I have often observed. The absurd and pretentious claims made, that they are capable of curing all kinds of tumors, cancers, displacements, and other malignant and structural diseases of the uterus and ovaries, should be enough to prevent any sensible physician or layman from resorting to their use.

My experience, in brief, of this topical method enables me to state that we can only treat successfully diseases which are *functional*, or those which depend upon anomalies of nutrition.

Acute and chronic inflammation of the vagina, uterus and ovaries, cellulitis, cervical and vaginal catarrh, ulceration and erosion, atrophy and hypertrophy, polypoid and incipient fibroid tumors, commencing ovarian tumors, spasmodic and neuralgic pains, congestion and anæmia and those local irritations causing reflex sufferings; all these are amenable to the curative action of remedies when appropriately selected.

Among the medicinal agents which I use most frequently I will name in order of their value the following: Hydrastis, Gelsemium, Ergotin, Ustilago, Belladonna, Pulsatilla, Macrotin, Lilium, Apis, Sepia, Viburnum, Aletris, Aurum, Iodine, Millifolium, Cinnamonum, etc., which are absorbed and act upon all the pelvic organs.

Others whose action are purely local, but of great value, are Bismuth, Calendula, Boracic acid, Iodol, Carbolic acid, Chloral, Cordeia, Tannin, etc.

I have had my happy results from some combinations of both classes of remedies, for by combining three or four of those having the widest range of curative action I have succeeded in curing many cases presenting unusual and perplexing complications. Such combinations I hold are not unscientific, for the uterus and ovaries, with their contiguous tissues, are capable of appropriating to their need the various agents, if they are so combined that they do not destroy each other's chemical identity or form new compounds.

One example must suffice to illustrate my meaning. Take the condition known as uterine enlargement; a soft and flabby condition of its tissues, a condition of erosion and eversion of the os, with a copious leucorrhœal discharge. In such cases a small, slowly dissolving mass made up of Hydrastis, Cubebs, Boracic acid and Bismuth will give very prompt and satisfactory results. These medicines have a very wide range of curative action, of long duration, and if other morbid conditions are present (and we seldom find a single morbid state existing), other remedies can be added with decided benefit.

REFLEX DISORDERS FROM UTERINE DERANGEMENT.

By SARA E. BACON, M.D.

CHICAGO.

[Read before the Woman's Medical Society.]

SOMEONE has said that every man's life contains a novel of at least one volume—a woman's clinical history has filled many. From the reflex disorders arising from ovarian and uterine troubles, these small organs—the most diminutive of all in the female economy, whose combined weight in their primitive state does not exceed two ounces—have caused volumes to be printed, sustained medical colleges, and brought wealth to the specialists.

Before taking up the subject of the evening I would review the nerve-supply of the pelvic viscera. These are almost entirely under the influence of the sympathetic nervous system, which

comprises a continuous chain of nerve fibres and ganglionic enlargements, extending from the head to the coccyx, on both sides of the spinal column, and which is in constant communication along its course with branches of the cerebro-spinal system of nerves. It helps to form plexuses on all the principal blood-vessels, and by this means, controls the involuntary muscular fibres, of which the arteries, as they decrease in size, are almost entirely composed.

The sympathetic nerve regulates the vascular supply to the various tissues and organs, and the nerve-fibres are often termed "nerves of organic life," since they regulate the life of tissues by controlling their blood-supply, while the cerebro-spinal nerves are called "nerves of animal life," as they control the acts which are essential to the life of the individual. The frequent communication between the two systems of nerves keeps the action of both in perfect accord.

When we consider that every act which distinguishes the animated being from the dead body is dependent upon the influence of the nerves, and that, without these electric wires the heart would cease to throb, the lungs no longer perform their function, that smell, taste, and expression of hate, love, and joy, which can be depicted by the same muscles through the action of the nerves, and that without their aid all movement would cease, we can then understand how much of physiological interest must center about this special study, and how necessary is the thorough understanding of the distribution and junction of the component parts of the nervous system.

We might say in a liberal, if not in a literal sense, that all diseases peculiar to woman depend upon either menstruation or pregnancy. If the nervous conditions that control the circulation are such as to divert the blood from the pelvis to the brain or elsewhere, just when it is needed within the ovarian and uterine vessels as a condition of menstruation, the secretion will be arrested or altered and serious results are sure to follow.

As it is well known that nervous impressions in the adult, through the vaso-motor nervous system, will often cause local derangement in the circulation of the brain, lungs or the skin, so the uterine circulation is peculiarly susceptible to similar influences, as shown in amenorrhœa and menorrhagia, and also through the placental circulation. A nervous shock experienced by the mother produces disturbance in the nutrition of the foetus, and causes various deformities, and even utero-amputations have resulted. Also a

nervous shock may excite premature contractions in a pregnant uterus, and consequent abortion.

Pregnancy, as a physiological crisis, is often a means of cure for many disorders, such as dysmenorrhœa, chronic metritis, and prolapsus uteri, and, as a rule, the diseases of the sensory and motor nerves which occur during gestation are self-limited.

The same is true of the incidental affections of the urinary system, as the development of Bright's disease, with its accompanying albuminuria, uræmia, and tendency to eclampsia. But often pregnancy is the means of engrafting and perpetuating disease, which is excited anew every month by the periodical return of menstruation. It is not strange that under these conditions the conservative powers of nature are entirely overcome, and uterine cachexia so often developed. In a reflex way the stomach becomes irritable, the appetite capricious, and even the mental and moral spheres are more or less affected. The ovaries feel this influence to such a degree that ovulation is in many cases arrested, and no more Graafian follicles are ruptured during the remaining term of what should be the child-bearing life of the woman.

The uterus is so delicately poised that it is more movable than any other organ in the body, not excepting the eye, and is constantly changing its position. The act of talking, walking, breathing, or any muscular effort may move it in any direction. Deviations of position are important only when they become permanent, and create or complicate disease by their effects upon the uterus.

Menstruation, as I have said, is a powerful predisponent of uterine displacement. The uterus having become the seat of venous engorgement, its increased weight has borne down upon the structures that were designed to sustain it, until they have given away, and the organ has become displaced.

Its direct pressure upon the anterior sacral nerves, and also upon the utero-cervical ganglia of the sympathetic, is sufficient to account for the temporary paraplegia which sometimes occurs, and which differs from real paralysis in being self-limited, for, as soon as the uterus is lifted up — by rest in the horizontal position on the part of the patient — the normal circulation returns and the paralysis disappears. (Such cases of paralysis are often cured by "mind healers.")

The same physiological condition explains the peculiar sensation, as if a portion of the spine has been removed, faintness, syncope, and after

a frequent recurrence of this displacement the nervous system has acquired a predisposition to hysterical complications, and yet these symptoms are none the less real because we style them "nervous," and it is only through our knowledge of the functions of the reflex nervous system that we can explain their existence.

Since the ovaries and uterus are almost directly under the influence of the sympathetic nerve, through the inferior hypogastric and ovarian plexus, it is not strange that there are so many reflex disorders when we consider the direct communication that exists through the circulation between those organs and the lungs, heart, stomach and brain.

As a consequence of deviations, we have leucorrhœa and uterine ulcerations. The uterus lying low upon the perineum, its friction upon the posterior vaginal wall causes an abrasion of its investing epithelium and this may induce and perpetuate a superficial ulceration of the cervix. Sometimes the most prominent symptoms are referred almost exclusively to the bladder and the physician consulted for kidney trouble when the real cause lies in the displaced uterus.

In retroversion the bladder symptoms are usually less marked than in the anterior displacements, but the intimate union between the neck of the uterus and bladder makes it almost impossible to displace the one without disturbing the other and it may produce engorgement and chronic inflammation of the ovaries. The reflex symptoms are many. The gastric disturbances are almost never lacking. Occipital headache, pain in the region of the vertex, and hysterical symptoms of every kind and description, may depend upon this and disappear only when the local cause has been removed.

Uterine ulceration, a few years ago, was the most familiar disease known to the medical profession. It was generally thought to be the essential and fundamental lesion in most of the diseases of women. But now it is known to be infrequent. Formerly appliances were brought to bear upon a lesion which had no existence, until it was induced by the treatment itself. The subjective symptoms are really very distressing, and the poor woman nearly a wreck, while painful menstruation and leucorrhœa are frequent and troublesome accompaniments. The reflex symptoms are numerous and varied, and such patients are apt to be melancholy, and sometimes exhibit strong tendencies to insanity.

But of all diseases that require the greatest amount of tact and discretion on the part of the physician, if he would retain his patient, are

irritable uterus, and spinal irritation, single or combined. This class of patients travel from one physician to another. They are usually nervous, badly nourished, their vital force is low, and their strength below par. And yet no lesion of the structure of the uterus can be found. Still the morbid exaltation of uterine sensibility causes reflex disorders of every conceivable kind, of which "hysteria" is the most common.

SOME PRACTICAL OBSERVATIONS ON AMMONIA.

By DR. PROCTER.

[Read before the British Homœopathic Congress, Liverpool, Sept., 1877. From the *Monthly Homœopathic Review*.]

PERHAPS there is no drug in the pharmacopœia that can boast of a higher antiquity than Ammonia. Dating from the time when it was obtained by distillation of the soil near the temple of Jupiter Ammon in Egypt, it has come down to us with a distinguished career through the middle ages, when it was known as Spirits of Hartshorn, in consequence of its being obtained by the dry distillation of horn shavings.

In modern times it is obtained by the ton from the distillation of coal in the manufacture of gas. It was known to us only as Sal ammoniac, *i. e.*, the Muriate of ammonia, until the close of the eighteenth century, when Dr. Black liberated the alkali from its combination with chlorine, and it was thence known as the volatile alkali, or Ammonia, simply.

A substance of this kind, possessing such well marked physical and chemical properties would naturally be impressed into the service of medicine, and accordingly we find remarkable virtues attributed to it in very early times that have yielded to more moderate estimates in later ones, but all along it has held a high position as a stimulant to the heart and circulation, as an antacid and a gastric cordial, as a diaphoretic in fever, and as a nervine in spasmodic affections, etc. In very recent times it has been studied in respect of its physiological action on the animal body, and with the result of its having been found to possess a very decided action on the liver, the lungs, the gastro-intestinal mucous membrane, and on the blood itself. All these experiments go to confirm the provings that have been made by the homœopathic school, and give an additional sanction to the results we had already arrived at, and in some particulars have added to those results. It would appear that Ammonia, after absorption, ceases to exist in the free form in the blood, and enters into combination with the plasma. It does not escape

by the lungs, as might have been expected, but is quickly oxidized and eliminated by the kidneys as urea in mammals, and as uric acid in birds.

In his work on insectivorous plants, Darwin refers to his experiments with various salts upon the digestive action of the glands of the *Drosera rotundifolia*. Amongst others he tried Phosphate of ammonia. Surprised at the smallness of the quantity that sufficed to induce physiological action, he repeated his experiments with every possible care against chances of error. The quantity of Phosphate was lessened gradually until he found that the twenty-millionth of a grain was sufficient to set up this action. Darwin says "the reader will best realize this degree of dilution by remembering that five thousand ounces would more than fill a thirty-one gallon cask, and that to this large body of water one grain of salt was added. Only half a drachm, or thirty minims, of the solution being poured over a leaf. Yet this amount sufficed to cause the inflection of almost every tentacle, and often of the blade of the leaf." He goes on to say: "I am well aware that this statement will appear incredible to almost every one. *Drosera* is far from rivaling the power of the spectroscope, but it can detect, as shown by the movements of its leaves, a much smaller quantity of the Phosphate of ammonia than the most skilful chemist can of any substance."

Ammonia is a drug with very little organic specificity. It acts very generally over the whole system, in this respect resembling soda; consequently, we find its influence pervading most of the tissues, and hence its homœopathic indications have to be drawn rather from the kind of action than the seat.

Let us see, in the first place, how it affects the respiratory tract. Its action as a mucous irritant is well marked, and presents us with a picture of acute catarrh and bronchitis, having the characteristics of great vascular congestion and thin watery secretion. The obstructed nostrils, the irritated throat, the tickling cough are recognized as guiding symptoms.

Congestion is the key-note of Ammonia; catarrh with thin secretion separates it from a host of catarrhal medicines at once. Besides, the secretion has no irritant properties, and this again is a help. The action seems to extend along the whole tract of the mucous surface. It is, therefore, eminently a catarrhal medicine, and you will notice with what a true instinct this has been generally arrived at.

At the present time Ammonia, in the form of smelling salts or cigarettes, is in popular use,

and its virtues have been so highly extolled by some that we are assured it only requires the Ammoniaphone to develop a pure Italian singing voice. This is claiming too much for it; but the truth underlying it all is the fact that Ammonia is homœopathically indicated in certain forms of catarrh, and from my observation it is very generally indicated and widely useful. In catarrhal croup I have learned to trust very much to it, and in bronchitis the Muriate of ammonia is a remedy of the first order. Our allopathic friends are not clear as to its indications, some recommending it when the secretion of mucus is excessive, others when it is deficient and ought to be increased, but all agreeing that it is an expectorant in helping the expulsion of mucus.

The fever accompanying the catarrh is characterized in the case of the Carbonate of ammonia by little or no chill, but vigorous reaction, with great vascular turgidity. Such catarrhs are very common in hot weather and hot climates from a sudden chill, and are very common in all temperatures when the chill has been received under circumstances of great vascular excitement, such as the after-dinner cold, which we are made acquainted with the next morning.

Whilst on this point let me remind you of the usual course of a cold of this kind. The system is affected after the manner of a concussion to a train. The first carriage receives the impact, and this is transmitted to the next and next until it has passed the whole length of the train. We begin with sneezing and nasal catarrh, the irritation travels downwards to the throat and larynx and bronchial tubes, perchance setting up pneumonia. It passes in the same way down the œsophagus to the stomach and bowels, maybe setting up catarrhal jaundice en route, or down the urinary tract to the bladder, and in mild cases finishes up with catarrhal rheumatism.

Well, our Ammonia travels over the same ground, and as we see by our provings, furnishes us with lumbago and other local pains in the framework of the body. The peculiarity of its intestinal action is the copious production of clear mucus. As a glandular medicine, however, it seems to have little or no action. It is true the Muriate has been found to be a cholagogue, but it seems more probable that such action results from the increased vascular activity in the liver than from any specific stimulation of the biliary elements. In our provings we see nothing like jaundice, consequently where such is present specific hepatic remedies are called for. In gastric catarrh, the Muriate of ammonia has decidedly a claim upon our consideration, as

its symptoms point very strongly in that direction. The first decimal trituration is a favorite dose with me.

It may be remembered that Dr. Stewart wrote a paper in the *Lancet* a few years ago, recommending the Muriate in twenty grain doses in acute hepatic congestion in hot climates. He had great success with it, but I am not aware that his practice has been followed to any great extent. However, recognizing the similarity in many respects between the action of Ammonia and that of alcohol on the vascular system, one may infer by analogy that this practice is likely to be good, and acting on the hint I have found the Muriate of ammonia efficacious in hepatic congestion in persons exposed to heat, such as cooks and others in this country. Also I have proved its value in hepatic affections consequent on the use of alcohol, and I have a strong feeling that is likely to afford help in cirrhosis, and be disposed to try it in substantial doses in a future case.

Let us turn to another aspect of the therapeutics of Ammonia. In scarlatina it has had a considerable reputation in the old school, but with the usual instability of allopathic medicine it has passed out of favor, although Ringer tells us that Dr. Peart treated nearly 300 cases without a single death. In our school it stands where its provings placed it as a remedy for scarlatina with anginose symptoms, but without cerebral disturbance and with slight eruption, or even tending to retrocession. The force of the disease is spent on the throat. The Carbonate of ammonia is more particularly indicated in scarlatina, just as the Muriate is in catarrh, and as we shall see presently, the Liquor or Caustic ammonia is in diphtheria. As illustrating its action on the skin, in addition to a scarlet eruption that has been noticed in a few cases on the upper part of the body, Hahnemann mentions the symptoms, "the skin of the palm of the hand peels off (after four days)." I am able to confirm this by an unintentional proving on a patient. A man for some gastric derangement got a prescription for Am. carb. 1x trit., to be taken for a few days. He took it by mistake for about three weeks, at the end of which time he casually pointed out to me that the skin of his hands was peeling off, as after scarlatina. He had had no illness in the meantime, and I could only put it down as a pure drug symptom.

The general tendency of the scarlatinal symptoms of Ammonia being towards the anginose type, it is obvious that it would be tested in diphtheria. Accordingly we find it recommend-

ed in all our books, but it seems not to have received as much attention as it deserves. Its power over sloughing conditions of the mucous membrane was strongly borne in upon me some years ago, when testing the *Liquor ammonia* bottle on one occasion in the dark by applying the stopper to the tongue. I was at once convinced I had got hold of the *Ammonia* and in a minute or two I found the *Ammonia* had got hold of me, for it removed a patch of epithelium and left a sore place behind it for two or three days. The most remarkable evidence in its favor in the treatment of diphtheria is given by our colleague, Dr. Thomas, of Llandudno, formerly of Chester. He informs me that he has relied upon *Ammonia* in diphtheria for the last twenty years, and has treated some 130 cases with only one death. His method is to give the *Liquor ammonia* fortior. of the British Pharmacopœia in half or quarter drop doses every two hours until the exudation is fairly gone; the treatment to be continued night and day. I am not aware of any body of evidence in our school to compare with this in respect of *Ammonia*, and I trust Dr. Thomas will publish his cases, with details, so as to enable us to follow his treatment with the confidence derived from his experience.

The most striking support of the *Ammonia* treatment that I can find in our literature is in a case mentioned by Raue, and, although a single observation, carries with it great weight. The case was one where there was croupous cough, which threatened suffocation every minute. The lower part of the pharynx, as far down as could be seen, was covered with a white exudation. The patient was in the greatest agony, frequently jumping out of bed and gasping for breath. The details of the treatment are not given, but it is merely stated that *Ammonia* caust., 15 drops to a glass of water, cured the case (*Special Pathology*, p. 300; 2nd Edition). Evidently here was a condition of diphtheritic croup of a very severe type, and recovery from a state of extremity like that by the use of a single remedy is not to be lightly passed over. For my own part I am disposed to regard the *Ammonia* treatment as full of possible good, and worthy of our most careful attention.

There is one other practical use of *Ammonia* that I would refer to, although it cannot be considered as either homœopathic or allopathic, but simply as the utilizing of a physiological fact in medicine. You are aware of the power possessed by *Ammonia* to retard the coagulation of the blood by some solvent action on the fibrine. Now it occurs to me that if this action can be applied to the dissolving of emboli, we shall find

a new and important use for *Ammonia*. In all such cases we have at present to stand by and see important organs going to destruction, owing to obstruction of the circulation, and can do nothing to save them.

Dr. MOORE said that there were great differences between the action of the two chief preparations of *Ammonia*—the Carbonate and the Muriate. The Muriate, possessing a catarrhal action on the nose and throat, was suited to more chronic conditions; while the Carbonate was more allied to acute states and to low febrile conditions.

Dr. BROTCHE, referring to the lack of distinction shown in Dr. Procter's paper between the two salts of *Ammonia*, said that in the absence of Dr. Procter he would endeavor to give the differential diagnosis between them. He had found the Muriate useful in catarrhal conditions of the nose; in tracheitis of young and old people where there was an accumulation of mucus, a passive form of the disease in congestion of the liver, and also in sciatica. In the two latter conditions, he gave it in material doses, and in the former in the first decimal trituration. The Carbonate he had found most reliable when there was any suppressed eruption, as in measles or scarlatina. At the same time he gave a warm bath.

Alcohol in Diphtheria.

The administering of stimulants in diphtheria is not of recent date, but it is only recently that they have been used systematically. We find, in a review of the literature, that the greatest weight of authority is in favor of them. They should be commenced earlier in diphtheria than in other diseases; in fact, during epidemics of a malignant type we should commence treatment with them. If the patient shows failing strength, pallor, any loss of appetite, we must give them in large and frequent doses. The only signal we need obey is that of intoxication. More often is the error on the side of giving too little than too much. It is a surprise to see what amount of brandy a patient with a septic form of diphtheria will take without any signs of intoxication. J. Solis Cohen mentions giving brandy to the extent of one ounce every fifteen minutes for three hours. Another writer has given twelve ounces a day to three-year-old children with benefit.—*Dr. Cain, in Medical Register.*

The physician should not limit himself as to the length of time necessary for a cure in any uterine trouble. In the mildest cases six months is none too much time.—*Dr. Wood.*

NEWS FROM THE COLLEGES.

Ann Arbor.

UNIVERSITY OF MICHIGAN.

In speaking of uterine hemorrhage, Prof. Wood says that it may be caused by a very small polypus; by anything that interferes with the circulation in the pelvic organs; by albuminuria with Bright's disease.

To remove polypi, dilate the cervix and scrape the mucous membrane with a Thomas' dull wire curette. This will sometimes cure a case of uterine hemorrhage of long standing.

In speaking of pain, Prof. Obez says it is salutary—a cry for help. With an anodyne, the allopath stills the cry but does not stop the pathological condition, and his patient may be lulled into the long, long sleep of death. If, however, the pain is treated scientifically, the indicated remedy given, then when the pain is gone the pathological condition is removed.

In differentiating between neuralgia and inflammation the pain will indicate: in neuralgia it commences suddenly with great intensity and as suddenly stops. The cure comes when the pain stops. In inflammation there is first a tenderness, and then a gradual increase in intensity. It leaves gradually, and is a dangerous symptom to stop suddenly.

Pain in the back of the neck may indicate inflammation of the brain; in the left shoulder-blade, heart trouble; in the right shoulder-blade, liver trouble; in the penis, trouble with the bladder; in the groin, trouble in some pelvic organ.

In inflammatory fever following an operation, remove all irritation. If there is tension from the stitches, cut them at once. Use antiseptic gauze and cotton in dressing, with Carbolic acid, Chloride of zinc, Boracic or Salicylic acid, Glycerine, etc., but better still, clear alcohol. If cold water is used it must be applied continuously and changed often. Never apply heat if distasteful to patient, and the same may be said of cold. In the use of ice be careful not to freeze the part or produce chilblain.

In making a poultice have it large and thick enough to keep in the warmth and moisture and of such material that it will not be hard when dry. A poultice is useful when tension in a soft part is very great.

Fever indicates that there is something wrong about the wound. Be careful to have good drainage.

Prof. Arndt says in cases where Mercury is indicated, if there is a rapid destruction of tissue, Corrosive sublimate is called for every time.

In gleet with a greenish yellow discharge, use the soluble Mercury. Also in syphilis where the inguinal glands are affected. It may be thought of in fevers when there is a yellow sweat and the pillow stained yellow.

Cyanuret of mercury is useful in tonsillitis where there is a profuse flow of ropey saliva, painful deglutition and gray ulcers filled with yellow pus.

In chronic tonsillitis the Bin-iodide of mercury is an excellent remedy. The iodides are called for in chronic nasal catarrh.

Muriatic acid is to be thought of in scarlatina when the child looks in color like a boiled lobster. Also in typhoid fever when the patient is so weak he slips down in the bed and has to be pulled back to the pillow.

In ulcerations of the throat, a useful local remedy is found in Nitric acid, from 5 to 20 drops in an ounce of water.

Nitric acid is a good remedy in albuminuria where there is a mercurial syphilitic taint. In syphilitic disease the Mercuries are useful with light complexioned people and Nitric acid with dark.

Arsenic may be indicated in iritis and conjunctivitis. It acts on the mucous membrane of the inner surface of the eyelids.

Although Kali iodide is better, Mercurius vivus is often indicated in syphilitic headache.

As children play, so must the symptoms, in all cases, be taken like blocks and placed together to form the combination or blockhouse of the totality of symptoms.

In the treatment of leucæmia or anæmia, Prof. McLachlan says no good results usually from the transfusion of blood.

A patient with scabies was directed to take each evening for two or three days, a bath, using mild soap. After the bath to apply an ointment, consisting of half a drachm of Sulphur to an ounce of lard. Every morning this should be washed off and all the clothes changed. At the same time to keep the skin in good condition, was given Sulphur 3x.

Given in the 1x or 2x, Tartar emetic is an excellent remedy for lumbago. Continue its use till slight nausea is produced and when this is gone give it again.

Boston.

UNIVERSITY SCHOOL OF MEDICINE.

In erosion of the cervix, Dr. Church strongly recommends the dry treatment of Dr. Engelman,

which is as follows: Dust the part thoroughly with Iodoform, then pack around the cervix with cotton balls, having first covered each with Iodoform and a layer of styptic iron cotton. No douche or glycerine; with this treatment alone the erosion will heal.

In cases of chronic nephritis, post scarlatinal, where there is considerable constipation, Dr. J. H. Smith recommends lamb broth, prepared as follows: Chop the lamb fine and add an equal weight of water; allow it to simmer slowly for an hour; then bring it to a quick boil, strain; then allow it to chill, take off the fat and administer as required. It proves at once nourishing and a good laxative.

Dr. Smith recently produced very happy results from Borax in a case with the following symptoms: Inability to sleep; fainting; feeling of continual sinking; pulse normal, but extremities icy cold; stitching pains in the thoracic parietes. The basilar circulation was diagnosed to be in a state of complete exhaustion. Twelve hours after giving Borax the extremities were found to be warm and all symptoms much improved.

In chronic enteritis, where there is much tenesmus, Dr. Hedenburg recommends injections of thin starch, or a few drops of Laudanum may be added. Hot fomentations to the perineum and left iliac region also give relief.

In gall-stone colic, when the agony is unendurable, Dr. Ahlborn advises putting the patient under the influence of ether; the muscles relax, the caliber of the duct enlarges, and the stone may pass soon; this stops the vomiting and restlessness. Now apply hot compresses until the patient is relieved. When relief comes it is absolute.

In cases of absolute nephritis from scarlatinal poison invading the kidney, the exudation occluding the ducts, uræmic intoxication following, and the patient in convulsions, Dr. Ahlborn swathes the patient in water bandages, *fresh every half hour*, till the kidneys are stimulated. Faithful changing of the compresses is important. Aconite, Cantharis, Arsenicum, and Chelidonium are good remedies in this connection. The result of the above in many cases is that the coma, bloated face and puffed eyelids pass away, and appetite returns.

Philadelphia.

HAHNEMANN MEDICAL COLLEGE.

Dr. Gramm called attention to the rapid increase of scabies in seaboard cities, and then gave the following points to aid in diagnosis: — Usu-

ally the patient, when first coming for advice, complains of an "itch and eruption all over the body, which was first noticed two or three weeks ago, and has been progressively getting worse; it is aggravated at night, and is most noticed on the *flexor side of the wrist*, on the web of the fingers and back of the hand, on genitals, on the buttocks and in the axilla; but *never on the face*." The lesion is multiform.

As the cause is a parasite, he believes the proper treatment is to kill it.

He thinks it rather difficult to explain to a patient that the best way of treating him is to give him a course of medicine that will change the soil so that the itch-mite will leave of its own accord, especially if the patient is almost distracted with the itching. So he prescribes:

R. Naphthol	- - - -	3ij;	
Creta præp.	- - - -	3i;	
Adipus	- - - -	3i;	
Sapon viridis	- - - -	3i	M.

To be rubbed well in for three nights in succession after a good wash with a strong soap.

Caution — Don't use this too long, or a dermatitis will be set up as bad or worse than the itch will cause.

As to remedies, he finds almost everything, from Aconite to Zincum, at times indicated. Sulphur is no more a specific for scabies than any one remedy is for any other complaint.

Dr. Wallace McGeorge, of Woodbury, N. J., lectured to us in the preliminary course last September, and he gave as his experience that *Plantago tr.* $\frac{1}{2}$ to water $\frac{2}{3}$ was the best antidote to ivy poisoning, if applied within three days. He extolled it very highly, saying he had never known it to fail, which, coming from a physician so long in practice as Dr. McGeorge has been, in a country town, made quite an impression, especially on the students from the country, who have had some experience in ivy poisoning. The doctor also said he found an infusion of *Sassafras* root best in cases over three days old.

Prof. C. M. Thomas thinks, in cases of fracture of the patella, the great attention should be to the quadriceps femoris, and that the bone will usually get along first-rate with a plain roller bandage. He advises early beginning massage and electricity to the muscles, as there is a tendency to atrophy, and he tells of a case with a space of one and a half inches between the fragments, with almost perfect function, while many cases with close union have greatly impaired function from muscle degeneration.

Prof. Betts treats "night terrors" of children by giving them an evening meal of bread and

milk, and he says *the* remedy is Lycopodium. For children who are afraid to be alone or to be in a dark room, he says give Stramonium.

Minneapolis.

HOMŒOPATHIC MEDICAL COLLEGE.

Prof. Matchan cautions us against applying tar plaster to wounds when the granulations are red and active. Its sphere of usefulness is confined to sluggish sores which require stimulation.

Prof. Ricker relieves the painful respiration of pleuritis by the use of adhesive straps on the affected side to prevent expansion of the chest wall. The straps should reach a little more than half way around the body. A frequent recurrence of pleurisy in the dry form, especially if at the upper part of the chest, may generally be regarded as a precursor of phthisis.

Prof. Spaulding reports a case of puerperal eclampsia, treated by Dr. Geo. E. Dennis, Lecturer on Sanitary Science, as follows: Patient 26 years old, six months pregnant. Uremic convulsions at intervals of about five minutes, each spasm lasting five or six minutes. Patient unconscious during the whole time. Hypodermic injections of Apocynum over the kidneys, and various internal remedies, were used without effect. At the end of two hours a rectal enema was given, consisting of Chloroform, 3ss; Water, 3ij; Sugar, 1 tablespoonful.

A spasm occurred immediately after the injection, but there was no further recurrence. Two days later the lady was delivered of a dead foetus, the labor being unattended by convulsive symptoms. There has since been a profuse discharge of albuminous urine, which is gradually improving under Arsenicum and Merc. cor.

Prof. Beaumont says: The local treatment for granular conjunctivitis should be such as will promote absorption. The more irritable the eye, the milder the applications. Hydrastis in water or Glycerine may be used in almost any strength. Tannic acid and Glycerine, 15 to 30 gr. solution, prepared under heat, is an excellent application. Granulations extend so deeply into other tissues that their removal by the use of caustics should never be attempted. Avoid using preparations containing lead, as opacity of the cornea from lead deposits is liable to follow their use.

A strange freak of nature was recently discovered in the dissecting-room. The subject is a middle-aged man who died of tuberculosis. A double kidney, about eight inches in length, and of the usual diameters, extends transversely

across the spine. There are two pelves in the superior border of the organ, and each portion seems complete in itself [a horse-shoe kidney]. One ureter passes down *anteriorly* over the kidney, the other *posteriorly*. No dissection has been made to ascertain whether a direct communication exists through the connecting portion.

Chicago.

HOMŒOPATHIC MEDICAL COLLEGE.

Prof. Delamater says: Under no circumstances should you allow ice or ice-cold water to be applied to the head of a child sick with cerebral meningitis. The Prof. believes a true case of tubercular meningitis has never been cured.

Prof. Woodward says: For simple, straight, uncomplicated jaundice use Chelidonium. Sulphur and Calcarea carb. will be of great use in cases of malignant scarlet fever found in persons of a scrofulous diathesis.

In choosing between Arsenic and Carbolic acid for treatment of septic conditions, remember that the suffering is greater in Arsenic.

Prof. Buffum recommends the following treatment for impacted cerumen: Instill into the ear two or three times a day a mixture of fluid Petroleum, 3 drachms; and Sulphuric ether, 1 drachm. As soon as the wax is softened, wash out with the ear-syringe.

For chronic suppuration of the middle ear, do not use the syringe, but remove the discharge with cotton swabs, and, after cleansing, blow in Boracic acid powder.

Prof. Foster says: The forceps should be used whenever it is necessary or desirable to hasten the delivery of the woman after the os is dilated; also in every case of retarded labor when the woman is deliverable. I recommend the Wallace forceps above all others.

Antisepsis with me means *cleanliness* and *whisky*; whisky not for the doctor, but for the patient.

Treatment for post-partum hemorrhage, in order of use:

1. One hand outside;
2. One hand outside and one inside;
3. Ergot, one to two teaspoonfuls, in water;
4. Injections of hot water;
5. Injections of cold water, or the introduction of ice into the womb;
6. Injection of vinegar, hot or cold.
7. Injection of Persulphate of iron, or Muriated tincture of iron, two drachms to a pint of water.

Treatment for puerperal convulsions:

1. Give the woman Chloroform, and keep her under its influence;

2. Deliver her as soon as possible;
3. If it takes too much Chloroform to quiet her, administer a hypodermic injection of Morphine, $\frac{1}{8}$ to $\frac{3}{8}$ grains;
4. After administration of Morphine, use Chloroform with caution;
5. Have a competent person remain by the patient, at least 24 hours after delivery, ready to give Chloroform should there be the least sign of returning spasm.

Prof. Foster reports excellent results from the use of the Mexican "Pulque" in the treatment of albuminuria. Cases that nothing else could touch have yielded to its use. A pint bottle should last about three days.

Prof. Beebe recommends the following recipe for local use in cases of sprains, lameness, etc.:

R. Camphorated tr. of soap - ʒii ;
 Acon. rad., tr.
 Rhus. tox., tr. aa - - - $3ss$;
 Aqua ammoniæ fortior - ʒi .

Sig. Rub in thoroughly, using plenty of "palm oil" and elbow grease.

For fractured patella the Professor recommends the straight posterior splint, properly padded, and the bandage so applied as to coapt the fragments. Over all put the plaster-of-Paris cast.

St. Louis.

HOMŒOPATHIC MEDICAL COLLEGE.

Prof. Schott says: The catarrhal form of pneumonia is apt to be confounded with capillary bronchitis.

Unless a complete physical examination of the chest is made, the portion of lung presenting the signs of catarrhal pneumonia may not be discovered. He advises that a thorough examination of the chest be made, both anteriorly and posteriorly.

He also says that Tartar emetic in low attenuations is very apt to aggravate a case of pneumonia; so much is this the case that the old school have realized it, and are becoming afraid to employ the remedy in this disease, even in very small doses. He advises against its use in any potency below the 30th, and himself prefers considerably higher.

Prof. Goodman warns his students that in pneumonia, where only one lung is involved, the physician may have left the patient one day, on the road to recovery; and on returning, next day, he may find the patient in a high fever, and the other lung involved.

HOSPITAL NOTES.

COOK COUNTY HOSPITAL.

A Pullman porter received in a railroad accident a lacero-contused wound in Scarpa's triangle. The muscles were severed transversely, the femoral artery and internal saphenous vein just escaping. The ends of the divided muscles were sutured with chromic catgut, the wound thoroughly irrigated with sublimate solution 1:4000, the edges of the wound carefully coapted with aseptic silk, iodoform and ether (1 to 6) injected along the line of the wound and the wound covered with sublimate gauze and secured with bandage. The result was primary union and complete restoration of function of the injured muscles.

Following is the method of preparing the sublimated gauze used in the Hospital: Bichloride of mercury, one ounce to a gallon of boiling water. Add 2 per cent of glycerine, as this helps to hold the Bichloride of mercury in solution and keep the gauze soft and moist. Into this solution immerse bleached butter cloth and let it stand 36 hours; the vessels to be of wood or stone, and covered. Remove from the jars and hang up in a room to dry; then roll up and cover with aseptic paper or rubber protective.

A man of about 50 years recently came to the Hospital for a severe pharyngo-laryngitis. His respirations were intensely labored. The steam atomizer was kept constantly going; the usual remedies both locally and internally were administered, but with indifferent results. But in about 24 hours after admission oedema of the glottis set in; respirations about four per minute; the man became cyanosed, and apparently breathing his last. An unsuccessful attempt was made to intubate the larynx, the oedema being too great. The operation of tracheotomy was hurriedly performed, the incision being made just above the isthmus of the thyroid gland. The secretions were cleared away, a tube inserted and artificial respiration performed. The man was soon restored to consciousness, and nodded assent as feeling greatly relieved. A stream of hot, moist atmosphere was kept constantly flowing over the opening of the tube. He was fed freely with milk and at frequent intervals. Lived five days. Subsequently it was learned that he contracted syphilis 27 years ago and was recently treated for some of the tertiary manifestations. Post mortem revealed gummata of the liver and a general syphilitic degeneration of all the organs.

CORRESPONDENCE.

*Chattanooga, Tenn., Feb. 16, 1888.**To the Editor:*

In your February number I notice the testimony of some of our co-workers as to the use of alcohol in diphtheria.

You also invite other students of Dr. Tooker's who have had his instructions upon the matter, to send in experiences. I am not a student of his but a graduate of the New York Hom. Med. College of 1875. I was taught there, and have read in journals ever since, the good effects derived from alcohol as a gargle in diphtheria. I have used it with success in some cases, and in others had none whatever.

I have never given it as heroically as is reported in your journal, so cannot condemn or extol; I would consider it as any other drug, according to symptoms.

I cannot agree with your writer, that "alcohol is a food," but as one of the most active of stimulants, I fully concur with him, and consider it a very valuable adjunct to our materia medica.

Sincerely,

W. W. FRENCH.

*Paris, Texas, Feb. 10., 1888.**To the Editor:*

THE MEDICAL ERA editorials of February on the subject of homœopaths practicing other methods than pure homœopathy, and of allopaths, so called, the same, has taken such possession of me that I cannot restrain my pen from adding a little practical experience upon the subject, which is of such importance in refuting the absorption of "what little good there is in homœopathy" by our friends (?). As the editor very properly claims: "They do use our remedies sometimes, but, like all else, in an empirical manner." I know this to be true, for I have seen many instances of it.

Nine days after delivering a lady patient I was suddenly called to see the baby, who had taken cold and was evidently having a mild attack of bronchitis from which he should have readily recovered. I could not be found exactly when wanted, so an "old schooler" went, and I found him administering Ipecac in the form of syrup, "with a little lard."

The indications to my eye and questions distinctly indicated Ipecac, and so the little fellow was having "what little good there is in homœopathy," though the attendant did not know he was working upon the grand principle, otherwise why did he give that child an *Ipecac disease* upon the already Ipecac disease, not produced by the drug?

"What did you think of my child's case?" was the father's question the next day. "A very good result," I answered, "if properly treated, and the Doctor was giving the proper remedy, but he didn't seem to know it. How is the child to-day?" "Dead!"

How is that for "what little good there is in homœopathy?" This was in Jan., 1887.

Jan. 28, 1888, I was called in consultation with the two leading allopaths of a town nearby, to a case of continued nausea, with occasional vomiting; woman threatening abortion in the eighth month; continued flow of bright red blood; spasms occasionally, but retaining consciousness.

The nausea and vomiting being most prominent I turned to the physicians and said, "Gentlemen, if you have no objections I would like to stop this with a little Ipecac." Both responded, "Why, of course, Doctor, the case is in your hands, but we have but just given Ipecac."

How is this for empiricism, allopathy, homœopathy, or whatever you may call it, and in men who claim so much, and "what little good there is in homœopathy"?

I can't help telling here exactly what I said to them then: "Why, gentlemen, that is the purest homœopathy you could use, but you didn't know it, as you probably prescribed it because Bartholow says on page 555 of his *Materia Medica*, and that is probably your authority, that: 'It has long been known that Ipecac, in small doses, has the power to arrest certain kinds of vomiting.' But did you ever notice," I continued, "that on page 554 he says, 'Ipecac in large doses produces this same vomiting.'"

Now I may be considered rather enthusiastic, but I couldn't help it, so just invited them to my office when they wanted to continue homœopathic practice homœopathically. The ERA seems to think our brothers have not, nor do they, use any homœopathy, and if their journals do not show it, let us take their Bartholow as the criterion, and compare him to Cowperthwaite, if only on one subject, Ipecac:—

Bartholow says, Ipecac is good—1st, for acute indigestion, 2nd, for such symptoms as these:—Much nausea and ineffectual efforts to vomit; a strong sense of epigastric oppression; 3d, good for membranous croup, capillary bronchitis, laryngismus stridulus; 4th, acute or chronic dysentery or diarrhœa with these symptoms:—Stools are usually voided with much pain and straining. The special indication for its use is the occurrence of greenish stools, containing mucus and sometimes blood. It is a hemostatic."

Now look at Cowperthwaite in his symptomatology:—"Distressing nausea and inclination

to vomit with almost all complaints. Gastric catarrh from indigestion; distressing feeling as though the stomach were hanging down; frequent stools of greenish mucus; bloody stools; hemorrhage from the uterus; blood bright red. Violent constriction at the throat (laryngismus stridulus); rattling noises in the air passages during respiration; dyspnoea, etc. Therapeutic range:—croup, pertussis, bronchial asthma, hemorrhages from all parts, diarrhoea, etc.”

If you can't find homœopathy in allopathic journals, if you but look at the text books such as Ringer and Bartholow, it seems to me (who have been on their side) the principle of similia is clearly acted upon, though they may not print their cures in journals.

Just one other case from experience, please. While surgeon of H. M. Ship “Capulet,” and off Yucatan (Mexico), I had occasion to stop a persistent nausea and vomiting in the cook (an old sailor). According to my teachings on page 555 of Bartholow, Ipecac was given and the case cured. What grand principle of cure was that effected upon? Was it “*contraria contrariis curantur*?”

Now, so far as the old school is concerned (at least in our district) I think I can show their “scientific thirst after knowledge” through their leading representative here, by a little confab on Masonry and one of his cases, which roused him as much, probably, as a fly kicking the chrysalis of a butterfly. We talked of Masonry, and as he is a Knight, I asked why he didn't go higher, and said I meant to know it all one day. “That's the difference between us two in several things; I don't want to know any more of either.” This from one of those who have possessed themselves of “what little good there is in homœopathy.” I must say I'm not surprised at his answer, nor would I be one day to meet and ask, “Whence came you, and why here?” When he shall answer, “From the ancient school of hereditary know-all's and plagiarists of the philosophy of eternity, elucidated in the nineteenth century, having learned a little ‘indication’ of Pulsatilla, etc., as prescribed in little pills and sirup water by our like(ly) brethren. Now he begs the address of authorities on the same subject, and I note him down in this way:—Sharp's Tracts; Hahnemann's Organon; Holcomb's Bedside Tests, with no more *fooling*, but *faith*, no more *plagiarism*, but *patience*; no more *Calomel*, but *cleanliness*, no more *dosing*, but *diet*, no more *guessing*, but *genuine*, downright, hard absorption of characteristics as capital, and draw his 2 per cent per month at the bedside.

R. A. LEACH, M.D.

Alcohol in Diphtheria.

Providence, R. I., Feb. 25, 1888.

To the Medical Era:—

Should I be limited to a single instrumentality with which to stay the ravages of diphtheria, that one would be alcohol. If the use of a second be permitted it would be Arsenicum album; and if a third, Hepar sulphuris calc. I care for naught else in nine cases out of ten. The first is *indispensable*. With it available I regard my patient serenely; without it I would scarcely assume the charge of a case. My ordinary method of employment is as a gargle, immediately before taking nourishment or medicine, diluted with one or two parts water; for infants the atomizer sprays the throat with a mixture of equal parts. No objection is made to a little reaching the stomach. The desideratum is a compound sufficiently strong for one to realize its presence, but not strong enough to burn the parts.

GEO. B. PECK, M.D.

PERSONALS.

Dr. W. F. Hobart has located at 725 Lincoln Av. Telephone 3930.

Drs. Orme and Manahan, Atlanta, have dissolved partnership. Dr. Orme will continue his office at 42 N. Forsyth street.

Dr. H. J. Hoppin has removed from Geneseo, Ill., to Ventura, California, where he has opened an institution for the treatment of chronic diseases. His wife, who is also a skilful physician, will join him.

Dr. E. M. Hale has opened an office in the Pullman Building, where he will have hours from 11 to 12, especially for the purpose of meeting heart-disease patients from out the city. His son Dr. Albert Hale, will also have hours there.

OBITUARY.

On January 31, 1888, of apoplexy, Dr. George Fellows, of Waukesha, Wis., aged 57 years.

On January 23, 1888, of pneumonia, the well-known homœopathic physician, Dr. Adolph Lippe, of Philadelphia, aged 76 years.

COLLEGE COMMENCEMENTS.

Hahnemann Medical College held its thirty-eighth annual commencement at the Grand Opera House, Feb. 16th, and graduated a class of seventy-eight.

The Chicago Homœopathic Medical College held its eleventh annual commencement at the Chicago Opera House, Feb. 21st, and graduated a class of forty-seven.

A more extended account will appear in our next issue.

ESSENCE OF PEPSINE (*Fairchild*). — A solution of the Essential Organic Ingredient of the GASTRIC JUICE, Extracted Directly from the Peptic Glands of the Stomach.

This Essence of Pepsine is highly recommended where a fluid and agreeable form of pepsine is desired. It is especially eligible for administration to infants in vomiting and indigestion. It contains but a slight trace of acid, not perceptible to the taste; *whenever this is indicated, the proper acid can be added, and in the amount required.* The very decided acidity invariably found in the ordinary wines, elixirs, etc., of pepsine, is of very questionable utility therapeutically. It is certain that there are cases, especially of children, in which acid is not only undesirable, but positively hurtful.

A teaspoonful just before or after food will be found to aid digestion and assimilation; also, recommended at any time when suffering from indigestion. In the occasional distressing attacks to which chronic dyspeptics are subject, a few doses will afford the most happy relief. FAIRCHILD BROS. & FOSTER, 82 & 84 Fulton St., New York.

THE *March Century* will contain the story of "Colonel Rose's Tunnel at Libby Prison," told by one of the one hundred and nine Union officers who escaped on the night of February 9, 1864. The successful construction of this tunnel, dug from a dark corner of the cellar of the prison, through fifty feet of solid earth—the only tools being two broken chisels and a wooden spittoon in which to carry out the dirt—was one of the most remarkable incidents of the war.

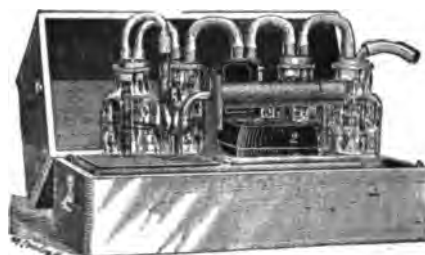
Notwithstanding the large number of HYPOPHOSPHITES on the market, it is quite difficult to obtain a uniform and reliable Syrup. "ROBINSON'S" is a highly elegant preparation, and possesses an advantage over some others, in that it holds the various salts, including Iron, Quinine, and Strychnine, etc., in *perfect solution*, and is not liable to the formation of fungous growths.

"I have prescribed TONGALINE with great success in the treatment of Neuralgia and have never found any remedy equal to it."

R. C. McCANN, M.D., Benton, Miss.

FOR SALE.—First class general practice in Western city of 200,000 inhabitants. Going into eye and ear exclusively. Price \$3,500. This is a bargain to some pushing man. A young man can handle it if first class. Address, DOCTOR, care MEDICAL ERA.

If you will write to Sardy, Coles & Co., New York, mentioning THE MEDICAL ERA, they will send you a description of their clinical thermometer that *never breaks*. It is self-registering, and accurate. This cut shows exact size.



The Portable Oxygen Generator is the latest and most compact thing of its kind in the market. Write to Gross & Delbridge for descriptive circulars.



THE Pocket Urinary Test-Case is recommended by Prof. Clifford Mitchell. It is the most convenient device of its kind yet offered to the profession. The contents of the test vials can be replenished at any drugstore, at slight cost. There are thousands now in use, and they give universal satisfaction. It is the cheapest test-case in the market. You can determine: The quantity of urine passed, the color, transparency, reaction, sp. gr., total solids passed, and the presence or absence of albumin or sugar. Write to Gross & Delbridge, if you want one.

New Line to Cheyenne.

The new extension of the Burlington Route to Cheyenne, Wyoming Territory, having been completed, the C., B. & Q. R. R. is now running a through sleeping car from Chicago to Cheyenne, via Omaha, leaving Chicago daily at noon on "The Burlington's Number One" fast train. For tickets apply to any coupon ticket agent of its own or connecting lines, or address Paul Morton, Gen'l Pass. and Ticket Agent, C., B. & Q. R. R., Chicago.

THEY SAY

THAT practice is a field in which tact is the fertilizer.

THAT phthisis is responsible for one-eighth of all deaths.

THAT a prolonged diet of grapes will cure dyspepsia.

THAT a homœopathic college is to be opened in Bogota.

THAT mathematicians seldom suffer from disease of the brain.

THAT a donkey often does a great deal of brayin' work.

THAT over-worked brain cells can only be restored by rest.

THAT in this country and Canada there are 95,000 doctors.

THAT in Switzerland there is one lunatic to every 200 inhabitants.

THAT life is short, patients fastidious, and colleagues deceptive.

THAT general paralysis is not a definite disease, but a degeneration.

THAT as sanitary measures increase, low forms of disease decrease.

THAT a worm will turn when stepped on, and so will a barrel-hoop.

THAT pregnancy hastens the development of carcinomatous growths.

THAT many fathers get up with the son, especially when it has croup.

THAT alveloz is the latest candidate for favor in the treatment of cancer.

THAT anxiety causes more brain disease than any other cause, except love.

THAT the common house-fly is an active carrier of the infection of disease.

THAT inebriety should be considered a disease as much as typhoid fever.

THAT the best plan to rid yourself of a tiresome patient is to present a bill.

THAT ballet girls put on airs. Well, do let the poor things put on something!

THAT severe cases of brain syphilis follow slight evidences of secondary trouble.

THAT granular kidney terminates by cerebral apoplexy in 75 per cent of cases.

THAT copaiba officinalis will relieve the pruritus caused by external hemorrhoids.

THAT a man has named his dog tonic, because he is mostly bark, steal and whine.

THAT the patient who pays his attendant is but exacting; he who does not is a despot.

THAT physicians in Germany sometimes make professional calls for a fee of ten cents.

THAT a man of seventy has consumed in his lifetime 80 tons of food — solid and liquid.

THAT there is some difference between getting on well in life and getting well on in life.

THAT in a fatal case of chronic alcoholism the post-mortem temperature rose to 110° F.

THAT morbidity reports must form the principal data for the vital statistics of the future.

THAT an examination of 1,000 school-children showed that 708 had errors of refraction.

THAT in fever the waste of the organism is usually most marked as regards the adipose tissue.

THAT in 35 per cent of sterile marriages the disturbance of conception is traceable to the man.

THAT a man who is constantly airing his knowledge is troubled with a chronic disease of the knows.

THAT the physician should always appear to be doing something, especially when he is doing nothing.

THAT in eclampsia the convulsion bosses the woman, but in hysteria the woman bosses the convulsion.

THAT someone has discovered that castor oil can be very easily taken with beer, but we prefer pretzels.

THAT the older a man becomes the harder it is to pull the wool over his eyes. There's less of it, you know.

THAT an Italian gynecologist amputated the uterine cervix of a patient rendered insensible by a hypnotic sleep.

THAT the power of recognizing syphilitic disease is one of the most valuable gifts which the physician can possess.

THAT burning is the only reliable disinfectant of the discharges from the lung and throat in phthisis, diphtheria and scarlet fever.

THAT a physician will be more censured for failing to perceive and announce a fatal termination than for losing the patient.

THAT Colorado has a greater number of physicians in proportion to the number of inhabitants, than any other state in the Union.

THAT there is no demerit in belonging to a sect provided it be engaged in a good cause and its methods be tempered with liberality.

THAT aromatic spirits of ammonia, a one or two drachm dose, is good for sobering up after "a drunk." It is better not to get drunk.

THAT a kidney may gradually pass from the healthy into the chronic condition of wasting and condensation, without there being any enlargement at any period of the disease.

THE MEDICAL ERA

VOL. VI.

CHICAGO, APRIL, 1888.

No. 4.

EDITORS :

CH. GATCHELL, M.D.

JAMES E. GROSS, M.D.

FOR THE BENEFIT OF IMPORTED PAUPERS.

The campaign has opened. Politicians are getting in their fine work.

A circular has been received at this office from the Georgia State Medical Society, asking us to petition our representatives in Congress to take action to remove the tariff duty from all importations of surgical instruments and appliances, to the end that cheaper ones may be imported from abroad, and thus be placed within easy reach of the poor. The plea is urged on the grounds of "charity" and "humanity."

The plea is a very pretty one. But it is as specious as it is pretty.

In a State whose convict labor system partakes of the methods of the inquisition, and which attempted not long since to pass a law making it a criminal offense to teach white and colored children in the same school, it is calculated to excite suspicion when the rest of the country is called upon to join it in an act of "charity." Would it not be well for that charity to begin at home?

But the underlying motive in this matter is not far to seek. It is not one of "humanity" at all—it is one of politics.

At the present time the two great political parties of this country are divided on the question of the tariff, and from the two factions petitions are pouring into Congress. At this juncture the Georgia State Medical Society—under the specious plea of having a charitable object in

view—calls upon the medical profession of the United States to aid a certain one of these political parties. The question is, Shall we do so? The answer is, Most assuredly not!

If this were really a matter of charity, then we ourselves would have taken action long ago, without waiting for the suggestion to come from others. But it is *not* a matter of charity.

Let us look at it: Supposing it should render surgical instruments less expensive? The poor do not buy surgical instruments. Surgeons supply themselves with all such necessary articles, and we have yet to hear the first complaint from any surgeon in the land that good instruments are any too dear at present prices, while poor ones would be dear at any price. American cutlery is to-day renowned the world over for its excellence, and Europe could not supply us with anything better than we now make ourselves.

Again, the raw material entering into the manufacture of any surgical instrument amounts to but a few cents; the greater part of the price represents American labor. Shall we, then, in order to reduce the price of surgical instruments, patronize the poorly paid labor of Europe at the expense of American artisans? Not knowingly!

The next question is, Would the poor be benefited by this species of charity? Not at all!

The surgical appliances which the poor use in greatest number are trusses and artificial limbs. The latter must, in every instance, be made to measure, which involves their being made in this country, as a matter of necessity. Therefore, to place them on the free list would

have no effect whatever in reducing their price. Trusses can be bought anywhere in America for a dollar and a half. If there are any among the indigent poor who cannot afford to pay the amount, there is not a county in any one of the United States that would not furnish the instrument without cost and without price.

And this brings us to the vital point of the whole question.

Among native Americans there are no poor. At least, they are not so numerous as to demand a general reduction of the tariff for their benefit. Among industrious artisans who have come to this country from abroad, the same may be said.

The almshouses, asylums and hospitals of the United States are being filled, not by Americans, but by paupers, the mentally deranged, the diseased and the crippled who are dumped on our shores by the ship-load by foreign Nations.

And now comes the Georgia State Medical Society and proposes—after Europe has furnished us with ruptured and crippled paupers—that she shall also furnish us with “surgical appliances” duty-free for these paupers to wear.

Great heavens! What a proposition!

America already contains too many undesirable exotics; too many demanding foreign flags on public buildings; too many anarchists, whose mission it is to destroy; too many socialists, to disturb established order; too many “strikers,” to urge to violent methods; too many alien paupers, unsound of mind and diseased of body. These gangrenous ulcers came into our country duty free. And now we are asked to put American labor into competition with the source of all this evil!

We respectfully, but firmly, decline. It is time to call a halt.

THE BLACKEST OF CRIMES!

When a physician becomes a burglar, then must we blush for our profession.

The confidence reposed by the people in their medical attendants has long been proverbial. That confidence is seldom betrayed. But at last it has received a most violent shock.

The story is this: Dr. Geo. F. Weed, a physician over fifty years of age, had long practiced his profession in Newport, Maine. He had as a patient an old man by the name of Peter Bennett. Bennett was a miser, and had in a wooden chest in the room where he slept the sum of \$34,000. This fact he had confided to Dr. Weed. The doctor soon conceived the idea of robbing the old man. He engaged the co-operation of two New York “crooks.” After their arrival he took advantage of his professional position to administer to his victim a heavy dose of opium, and, aided by this, accomplished his purpose.

The story is best told in the words of the principal witness, one of the doctor's accomplices:

“On the afternoon of Friday, Dec. 2, between 12 and 2 o'clock, I stood on the sidewalk on Broadway, in New York, and a friend approached with Clarence Whitney, whom I had never seen before. We were introduced, and then the three of us went into a saloon near by and had a couple of drinks. My friend then left us and Whitney and I got a private room and went into it. Whitney took out a letter from Newport, Me., and told me of the small fortune down there that a man could have if he would pick it up. In twenty minutes I had agreed to meet him that night and go down East after the money. That evening at 10 o'clock we took a train at the Grand Central depot and came straight through to Newport, arriving there at 5 o'clock in the afternoon. It was then dark and Whitney alighted upon the depot platform, while I jumped off on the other side and hid myself in a coal shed near the freight tracks. In about half an hour Whitney came down, found me, and we went up to the office of Dr. Weed. There we found the doctor and we sat down and made our plans for the robbery in his private office. We slept there that night on a sofa with his buffalo overcoat for a covering. The next morning he came in early and after a talk he started with his team for Bennett's home, to see if the old man understood his instructions about taking his opiate. All three of us passed Sunday afternoon in that private office. All that I had to eat was a little lunch of crackers and oysters that the doctor brought me in his pocket.

“We made our plans for the trip fully, the doctor drawing a plan of the house, showing me every door, the location of the money, trunk, etc., and saying that all we would have to do would be to pick up the money and walk away with it. We made masks out of an old coat lining and got revolvers in readiness. At 9 o'clock that night we left the doctor's office for the Bennett place, meeting Whit-

ney upon the railroad track half a mile away. When we reached Bennett's orchard we put on our masks and then entered the barn and proceeded into the house, not a door being locked. Whitney was to dispose of the old man and his wife, the doctor was to care for the grandson and his wife, while I was to drag out the money trunk. I carried the dark lantern and accidentally threw the rays full into old Bennett's face. He awoke and sprang up, while Whitney grappled with him. In the struggle Whitney fired his revolver so close to me that the powder blinded my eyes and I dropped the lantern; the doctor became scared and bolted, leaving us in the room alone. I took the trunk out of the house, where Whitney and the doctor joined me, we rifled it and ran. Whitney and I kept together, although we knew that the doctor had nearly all the money. We traveled until the morning commenced to break, and then we plunged into the woods and concealed ourselves. A cold rain commenced falling and we crept under some logs for protection, but these afforded but little. All day we lay in that chilling place, and at night arose and tramped on. We counted the money during the day and found that we together had \$4,000, thus leaving about \$30,000 in the hands of the doctor. All we had to eat the first day was a piece of bread Whitney had in his pocket. The second morning we called at a farmhouse and got something to eat, and then we entered a little woodshed near the country school-house and slept through the daylight hours. We rode the most of the distance from that point until we reached Rumford, where we were arrested."

Here is a plain statement of one of the most wicked and infamous crimes ever committed. As compared to it, ordinary burglary is an honorable pursuit. The professional burglar takes his chances of finding valuables, and takes his chances of discovery. But this doctor gained his knowledge of the existence of treasure by means of his professional position, and then made use of his professional privileges in order to drug his victim.

This was accomplished the most vile, despicable and dastardly act ever laid at the door of the medical profession. Pray God it may be the last!

MAYHEM.

But it is not the last.

As if not to be outdone by the East, the West sends in its record with which to mar the page of the history of the medical profession. Mis-

souri adds another to the catalogue of crimes perpetrated by a physician. Here is the story in this case:

SPRINGFIELD, Mo., March 14.—Effie Ellis, of St. Louis, lies in agony, with her eyes burned out and her face scarred with burns from vitriol. She was an abandoned woman, and had ruined Fenton Cox, son of Dr. George Cox, the United States pension examiner of the Springfield district and a prominent man politically and in the medical fraternity. Worked up to a frenzy by the shame of a debauched son, Dr. Cox enticed the girl from St. Louis by means of telegrams signed with his son's name, and early this morning met her at the Springfield depot. There was but one carriage there, and the driver hurried her into it with the assurance that he was sent to her for that purpose. It was still dark, but as the door closed she saw a man in the carriage, who seized her as she attempted to step out. She recognized him as Dr. Cox. The whip was put to the horses, and in a twinkling they were dashing down the street. Horrified, she cried to the man for mercy and not to murder her.

"I'll do worse than kill you—I will disfigure you for life," was the response, and thereupon he struck her over the head with a bottle of sulphuric acid.

The liquid poured down over her head, face and shoulders, and burned and ate its way into her flesh, causing intense agony. Her eyes were also attacked by the burning stuff, and she felt as though she was being consumed. The doctor also struck her several severe blows with his fist.

Her cries attracted the police and the carriage was stopped. The girl was taken to Steiger's hotel and physicians called, who found that one eye was totally destroyed and the other will probably become sightless. Her face, neck, shoulders, and chest are scarred with burns, and she is horribly disfigured for life.

In most cases of this kind, the man is as much at fault as the woman. But in this instance it seems that the girl ELLIS, by prolonged and persistent effort, drew the young boy on to his ruin. The father's indignation was righteous, and his provocation great, but his method of revenge was both cowardly and despicable. By trickery he got his victim into his power, and then in a most brutal manner inflicted bodily suffering and life-long injury upon a helpless woman!

Further comment is useless. The profession needs a new Hippocratic oath, and a penalty for its violation,

XIX.

THE DOCTOR TALKS.

"Hello! Where *have* you been all this time? I haven't seen you for an age."

With these words I greeted the Doctor as I saw him step from a train at the Union Depot last Friday.

"Been? I've been spending a few weeks in New York's genial clime," replied the Doctor. "After having passed through our usual winter in Chicago, I concluded that too early a spring would make me bilious, — it generally does, — so I started for a place where I could enjoy a few more weeks of good, old-fashioned winter weather. With this end in view I packed up a lot of extra-heavy flannels, took a great fur overcoat, and went down to New York prepared for the worst. And the worst came! Before I was half acclimated they snowed me under with a fiercer blizzard than Manitoba ever produced. I was perfectly paralyzed. And so was the entire city. Why, for days, New York could neither feed her children nor bury her dead."

* *

"Just think of it," exclaimed the Doctor; "a city that ordinarily consumes six hundred and fifty thousand quarts of milk a day, was left without enough to fill a nursing-bottle. A mother, with tears in her eyes and silver in her hand, offered a dollar for a pint of milk, and was unable to obtain it. Wet-nurses — those human cows — were offered a premium of twenty dollars a day to suckle the children of the rich. One poor mother, tempted by the golden bribe, left her own babe to the care of neighbors, while for three days she sold her breasts to a banker's child. Her own babe sickened and died, and the sixty dollars scarcely paid funeral expenses."

* *

"During those eventful three days there was an embargo on the transportation of both the quick and the dead. Not a funeral was held, although people died at a little above the usual rate. One undertaker, who started out on Tuesday with a coffin containing the body of a child, became inextricably stalled in the drifts that filled the street from side to side. He took the small coffin from the hearse and shoved it ahead of him over the

surface of the snow, while he floundered after. At the nearest house he picked it up, pushed by the servant who opened the door in answer to his ring, deposited his burden on two chairs in the front parlor, and, in spite of the protests of the members of the family who by this time had gathered in response to the servant's alarming cries, he announced that he intended leaving it there, and, cautioning them to take good care of it, the next moment he disappeared out of the front door and was soon lost to sight in a huge snow-bank."

* *

"But as soon as the blockade was raised," continued the Doctor, after pausing a moment to take breath, "there was a grand rush for the cemeteries. At one place alone, on Thursday, a hundred and seventy-five men were engaged in digging and filling graves. From nine in the morning to six in the evening they had interred one-hundred and thirty bodies, while forty-two were left over for the next day. These were not all victims of the blizzard, understand; they simply represented the accumulated mortality of half a week."

* *

"As to the business of the doctors, that, like everything else, was completely suspended. On that eventful Monday a patient who lived at a greater distance than next door, never saw a physician. To cross the street, even, required a degree of moral and physical courage which was almost prohibitory. As a consequence, many patients got well — and some didn't."

* *

At one of the medical schools, attended largely by Southerners, the profane poet of the class put the following lines on the blackboard:

SONG OF THE SOUTHERN STUDENT.

"O, land of balmy breeze and lithesome lizzard,
"Give us one breath of spring to warm our gizzard;
"To melt our corpus from a to izzard,
"And free us from this d—d infernal blizzard!"

"As for me," concluded the Doctor, "the next time I want to indulge in an extra week of winter weather I shall try the climate of ice-bound far-off Spitzbergen."

SELAH.

**VALEDICTORY ADDRESS TO THE CLASS OF
'88 IN THE CHICAGO HOMŒOPATHIC
MEDICAL COLLEGE.**

BY PROF. E. H. PRATT, M.D., LL.D.
CHICAGO.

MR. PRESIDENT, LADIES AND GENTLEMEN, FELLOW DOCTORS: In behalf of the Chicago Homœopathic Medical College, I rise to congratulate you upon your arrival at professional majority, and to speak a few words befitting our last meeting as students and faculty. This is to be your last lecture. The others are all over, and now comes the peroration of your course.

The occasion is inspiring, and suggests many an interesting theme. Had I the power to do justice to my feelings on this occasion, I should make this final talk both eloquent and instructive.

You have complied with all the requirements for graduation, and are here assembled for your degree and the parting blessing of your alma mater. Your diplomas are already in your hands, and now, in wishing you God-speed in your mission of healing, it is our desire to express the wish with such intensity of feeling that you can never forget the benediction.

We are justly proud of the class of '88. The daily contact occasioned by your medical pilgrimage with us has enabled us to appreciate your manly characteristics, and has convinced us of your fitness for the profession of medicine and surgery. We have learned to respect you, to admire you, and to feel an undying interest in your welfare; and although at the close of the present exercises you are to pass from our immediate care, the heart strings that bind you to us will never break, but stretch out after you to the very end of your professional journeyings. With us this occasion is but an annual celebration, but we fully realize that to each and every one of you it is a climax in your lives. You have dreamed of it, you have hoped for it, you have struggled for it, and now, amid music and flowers and friends, you have at last attained it. It was a worthy object, and worthily have you achieved it.

Your introduction to the medical profession is now complete; but before you leave us, consider for one brief moment the nature of the obligation which, in accepting your diplomas, you assume.

Your college is chartered by the state of Illinois, so that henceforth you are legally qualified for assuming the care of the health and consequent happiness of whatever patrons may seek your professional services. Let me assure

you that it is easier to win a diploma than to do it subsequent justice.

Your chosen vocation has but one true meaning—the preservation of health to those who possess it, and its restoration to those who have lost it.

Let drop from your memories all irrelevant knowledge; forget theories, forget technicalities, forget anything and anybody that ceases to be of service to you, if you choose, but never forget, as you value your hope in heaven, that your sole mission from henceforth and forever is to save mankind from the opposing forces of destruction. Questions of emolument, of reputation, of personal comfort are to be buried beyond the possibility of resurrection.

In the medical profession at least, nothing but a complete sacrifice of your life will ever enable you to find it.

You will be expected to know when people are sick (for things are not always as they seem); you will be supposed to know the cause and nature of that sickness, and to have at command a remedy for it. Your college has taught you anatomy, physiology and chemistry; it has instructed you in pathology and diagnosis; it has given you the recognized principles and appliances in surgery; it has schooled you in palliatives and adjuvants to be employed when necessary; and more than all, it has familiarized you with the only scientific law of drug action known at the present time—the law: Like is cured by like. It has not only taught you the science of medicine and surgery, but has done what it could by its practical and extensive hospital and college clinics to aid you in acquiring the art of healing as well. As a college it has done its best to thoroughly fit you for your calling.

But there are some things it has not done, and has not intended to do. It has not pledged you to any dogma or narrow-minded philosophy. It has not desired your allegiance to any theories that time may not verify for you. It has not obligated you to abstain from the employment of any force or agency that may benefit your patients. It has not clipped your wings, and you are at liberty to soar at will into the vaulting realms of truth. It has taught you homœopathy, and your alma mater will feel disgraced and deeply chagrined if you do not avail yourselves of the marvelous power of this wonderful law of drug action.

Hahnemann, with us, gentlemen, is an honored name, and shines brighter than any other in the whole history of medicine.

Other names are planets and smaller stars, and when they shine give forth but reflected light. Hahnemann is a sun, and while time lasts will never set, for he glows with the fire of eternal truth.

If you bring disgrace upon that name you will but disgrace yourselves. May you never be so disloyal to truth—so dead to your highest obligations and best interests!

But your diplomas confer upon you the degree of "doctors of medicine and surgery." Drug and medicine are not synonymus terms. Drug is narrow, limited, mere matter in some form. Medicine is broad, unlimited, and means anything that will prevent, cure, or alleviate human suffering. Think of that, gentlemen, and in the face of any blinded bigotry, or petty selfishness that may seek to limit your resources or fetter your freedom, stand out boldly for your full prerogative.

You may often require all the assistance that earth and its treasures can lend you; you will always need all the forces of heaven you may be able to enlist to accomplish your work.

Preventive medicine is sadly in need of your earnest consideration.

Questions of diet, of work, of rest, of clothing, of climate, and of sanitary science, and still deeper questions of life and faith, will look to you for their answers. Can you not, beginning your career in the full possession of the accumulated knowledge of the past, outstrip your predecessors and return such answers to these questions as will save the race much of its accustomed misery?

May we not hope for you the honor of disclosing the prevention (for there must be one) of diphtheria, typhoid, yellow and scarlet fevers, of cholera and all the dreaded scourges that prematurely harvest so many human lives?

Can you not disclose for the benefit of mankind, the hidden sources of cancer, consumption and the other so-called constitutional disorders, that there may be some escape from their ravages?

Preventive medicine is young and inefficient; let it receive your early and continued attention.

Palliative medicine is but an apology for better work. Unfortunately, however, our present knowledge is so limited as to render it still useful.

Common humanity moves us to alleviate when we cannot cure, and we must be ever ready to comfort the distressed, cheer the down-hearted and give rest to the weary.

It is sad work; voices call to you, that you cannot answer; looks plead for assistance you

cannot render; hands stretch out to you that you cannot grasp.

Many a time will you be thus admonished of your own insignificance and made to feel how little a doctor knows and how little he can do in a serious battle with disease and death.

There is nothing attractive or satisfying or encouraging in palliative medicine. It only smooths the way to the inevitable—it does not stay it. Morphine, chloral, cocaine, and the whole list of narcotics and anodynes are a mournful company of drugs. They are companions of hopeless misery, of despairing affliction, of professional weakness and incompetency. Their record is so bad that they ought to be kept in black bottles with sealed stoppers. It is a misfortune to both patients and doctors when their use becomes imperative.

But the third department of medicine is more inviting. In curative medicine you will find abundant opportunity for winning any of the rewards of either time or eternity to which you may aspire. The sick and suffering are everywhere crowded into sanitariums and health-resorts; taxing the energies of almost every household; congregating in cities and scattering into the country; boarding trains and embarking on steamers; laving in springs and swimming in oceans; ascending mountains and penetrating forests; chasing up and down the entire world in the vain effort to escape from themselves.

Every spot on earth where human beings abide is well supplied with them, and as dealers in curative medicine your counsel will be frequently sought.

Are all the resources of curative medicine, at your command? and are you free enough and fair enough and honest enough to employ whatever force or agency or line of treatment the case demands?

Remember that the state has selected the term medicine because of its broad signification; and as doctors of medicine under the authority of the state you must accept your title in all its comprehensiveness.

You are not graduated as doctors of drugs, but as doctors of medicine.

The condition of your patient may need rest, it may need exercise, it may need water, it may need air, it may need the administration of drugs; it often needs the mere stopping of them. It may need the consolations of a home; it may need a sojourn among strangers. It may need some form of bodily patching, and it may need the regeneration of a soul.

Whatever necessary knowledge and training has not been included in the college curriculum you are expected to supply. The human body upon which you are to practice the art of healing is a wonderfully complex affair.

The animal, vegetable and mineral kingdoms contribute to its formation. Its particles are held together by magnetic forces and are constantly vibrated by electrical currents.

The structure, however, is material and tends to decay. In the language of imagery —

"Man is born on a battle field: round him to rend
Or resist the dread powers he displaces, attend
By the cradle which nature, amidst the stern shocks,
Which have shattered creation and shapen it rocks.
He leaps with a wail, into being: And lo!
His own mother — fierce nature herself is his foe.
Her whirlwinds are roused into wrath o'er his head;
'Neath his feet roll her earthquakes; Her solitudes
spread
To daunt him; Her forces dispute his command;
Her snows fall to freeze him; Her sun burns to
brand;
Her seas yawn to gulf him; Her rocks rise to crush;
And the lion and leopard allied lurk to rush
On their startled invader."

But that is not all, for while it is true that the history of the bodily career is a record of one continued struggle against the disintegrating elements of time, it is also true that the wind of the spirit plays no insignificant part in its shaping.

"For when man has tamed nature, asserted his
place
And dominion, behold, he is brought face to face
With a new foe — himself: war is waged within
His own heart; for self-knowledge is knowledge
of sin;
And many have striven, and many in vain,
With the still rebel heart and still baffled brain.
Some have conquered, some died of that conquest,
but all
Have suffered and struggled; and whether he fall,
Or whether he vanquish, still man on the field
Of life's lasting war, may not rest on his shield,
May not lean on his spear till the armed archangel
Sound o'er him the trump of earth's final evangel."

Nobody who has seen fear blanch the face and start the excretions in a cowardly effort at bodily annihilation; nobody who has seen love fan back to a ruddy glow a flame of life almost gone out; nobody who has seen sorrows and cares and disappointments check the native buoyancy of organs; nobody who has seen hope and realization and good cheer gladden the entire being with renewed vigor; nobody who has seen ambition, greed and false pride and all forms of self-love lash a body into such superhuman

efforts for the achievement of gratification as to wear it out, and break it down prematurely; nobody, in short, who has ever lifted his eyes from the surface of the earth long enough to catch even a glimpse of the sky, with its clouds and shine and storms and calms, can question for one moment that mind can rend the body or can heal it; can throw it into discord or vibrate it back into harmonious action.

My dear doctors, do not go out to your work to-morrow with the belief that you can tune the complex harp of time known as the human body with material tools alone.

Equip yourselves with all the armamentaria that matter can furnish you, but do not forget that, in addition to this outfit, you must be hopeful enough to cheer the discouraged. You must be brave enough to calm the fearful. You must be wise enough to instruct the foolish. You must be good enough to reclaim the bad.

Gentlemen, it is true that if mental forces can destroy, they can also build up. If they can become disordered and work bodily mischief, they can also be readjusted into such harmonious action as shall materially assist you in the purposes of bodily repair. Let me, however, in this connection, give you just one word of warning, that you may not be tempted to give undue prominence to the action of mind over matter.

The great subject of mental therapeutics is now and always has been in an exceedingly chaotic state, and for a very good reason. It has been handled chiefly by a class of so-called healers, for whom there is but one well fitting term of designation — spiritual quacks. They forget that higher forms make use of lower forms to rest upon.

A butterfly was once a worm. A tree that furnishes shade and fruit came by way of the ground. A spiritual being, as it passes on its way, takes on a material form; every word by which we express a spiritual thought has early in its history been used to express a material one. These changes are stages of development and are essential in the revolutions of time, and never until men who are well grounded in natural science give their attention to the matter will there be developed a sufficient knowledge of spiritual anatomy, physiology and pathology to place mental therapeutics upon a respectably scientific footing and render it at all worthy a place in the curriculum of a medical college. But even when that time comes, gentlemen, and mind is duly installed on its proper throne, you must not expect too much of mental science. It may, nay, must, do wonders in the prevention of disease; it will undoubtedly render valuable

assistance in removing disease. But never, until a tree can live without its roots and an animal without its food, can mental therapeutics become adequate to the entire demand for remedial measures in sickness.

The grand accumulation of medical lore which the great past has accomplished and to which you now have access, is not so easily dispensed with. The indefatigable labors of succeeding generations of doctors of medicine have not been in vain, and time cannot build too many, too lofty or too enduring monuments to the memory of the departed great in medicine and surgery. Not a fact in our sciences is unimportant. Not an item of knowledge is useless.

Let vandalism attack governments, kingdoms and all social and political fabrics if it will, for they can be reconstructed. But let it spare our schools, our libraries, our sciences, for their loss would be irreparable, and our health and happiness depend upon them.

My plea is not that you should value these less, but simply that while you duly appreciate fair earth and her exhaustless treasures, you may not entirely ignore the over-arching vault of heaven.

It takes a combination of spirit and matter to form a human being;

It takes a combination of spirit and matter to develop a human being;

It takes a combination of spirit and matter to maintain a human being;

Why should it not require a combination of spirit and matter to cure a human being?

Go out now, gentlemen, into this great broad field of medicine and labor where ever you will. Your college has fitted you especially for the practice of surgery and the prescribing of drugs. To these branches of medicine most of you will undoubtedly devote your energies. But in the pursuit of your specialty strive to remain broad-minded enough to recognize and appreciate the good in all forms of healing.

Graduates of the Class of '88: there is, pervading all nature, a law so universal that the law of gravity is but a small portion of it. It is the law of natural selection, of action and reaction; the law by which like attracts like.

By this law gold and other minerals arrange themselves in narrow veins; by this law plants alike in kind are congregated in closely huddled patches; by this law birds and other animals seek out their fellows and form themselves into large families; by this law mankind divides itself into nations, communities and organizations with ties of common interest; by this law, eye answers eye, voice responds to voice and heart

speaks back to heart; by this law, all nature echoes back to you whatever you give out to her, be it through work or deed.

Would you wreath a neighbor's face with smiles? Then smile upon it.

Would you rouse a kindly feeling in another? Warmth from your own heart is sure to accomplish it.

Would you stir into activity noble impulses, manly courage, and all the virtues essential to the winning of life's best prizes? You have but to speak to these qualities in their own language, and as surely as a tense wire vibrates in answer to the music of its own pitch, so surely will every string of the human heart respond in faithful echo to the voices that call out to it.

In pronouncing the benediction of this faculty upon you to-day, I feel that I shall but voice the sentiments of every member of it, when I assure you that we shall make use of this law in our future relations with each and every one of you.

We shall call out to your manhood, to your honesty, to your best loves and highest motives, and keep on calling until the echoing of these qualities shall reverberate through your being so loudly that you will be unable to listen to less worthy voices.

You must be good; You must be true; You will then be great.

We trust you, we believe in you, we know you will not disappoint us.

Good-bye, boys, — don't forget us, — we shall never forget you. Be hard students of life — it is the only way to prepare properly for that other examination that in the uncertain future comes for us all, and introduces us to those other and grander commencement exercises that mark the beginning of our life beyond. — Good-bye.

Albuminuria.

We should absolutely give up the idea still current in practice that albuminuria must always coexist with nephritis. The most frequent cause of chronic albuminuria is that in which albumin filters through the kidneys because of defective assimilation of albuminoids.

We must abandon the idea still held by many, that we can supply the loss of albumin by a highly nitrogenous diet, because this can only increase the albuminuria, the overloading of the organism with nitrogen only augmenting the defective assimilation of albuminoids. On the contrary, as soon as albumin is seen in the urine we should at once have recourse to a milk diet, which in a few days is sufficient to cause the albumin to disappear, or at least to decrease considerably. — *Med. News.*

ORIGINAL ARTICLES.

A STUDY OF THE IODIDE OF ARSENIC.

BY H. D. CHAMPLIN, A.B., M.D.

CLEVELAND, OHIO.

A RSENICI IODIDUM; Arsenicum iodatum; Hydriodas arsenici.

Iodide of arsenic is formed by the combination of Arsenic and Iodine. Its action upon the human economy is profound and long-lasting.

GENERAL CHARACTERISTICS.

In cachexiæ of malarial, strumous, and scrofulous type, when marked by emaciation, debility, and general exhaustion; discharges watery, excoriating, ill smelling and profuse; glands generally implicated.

Pains are burning, lancinating in character. Great restlessness and thirst; much prostration.

THERAPEUTICS.

Eyes. Purulent and phlyctenular ophthalmia with a thin, acrid, corroding discharge, which excoriates the surrounding parts; great burning and restlessness.

Granular conjunctivitis.

Iritis, especially in strumous persons, and when pain is burning in its character.

Ears. Otorrhœa with fetid corroding discharge.

Otitis media with inflamed lymphatics.

Nares. Acute coryza; thin, watery, acrid flow, and catarrhal trouble—extends even to stomach and bowels.

Chronic nasal catarrh, abundant, acrid, burning discharge, scalding sensation in nose and throat; subjects are delicate and tuberculous; old cases, when discharge becomes fetid and bloody, scabs and pus, and there is lassitude and prostration.

Hay fever, discharge thin and excoriating, and patient presents the appearance of being "played out."

Ozæna; ichorous discharge, odor foul, and almost unendurable; in malignant cases when constitution shattered.

Ozæna syphilitica; acts promptly and well.

In epidemics of influenza in the winter months, where discharge was fluent, watery and mildly irritating in its character, puffiness of the face, patients complained of aching and soreness with chills and flushes of heat and general used up condition; (it has done me yeoman service in alternation with Gelseminum).

Throat. Chronic laryngitis—husky voice, burning in throat, and there is a disposition to tuberculous deposits.

Malignant diphtheria—profound depression of all the vital forces.

Croupous diphtheria—great restlessness, hoarse cough, pulse slow and weak.

Respiratory Organs. Pulmonary phthisis—soreness in larynx, hoarse racking cough day and night with profuse purulent expectoration.

Bronchitis—where there is debility associated with deficient oxidation, cough dry, and glands are enlarged—all the more indicated in overgrown young people with weak lungs.

First stages of the croupous form of pneumonia when there is a tendency to bronchial and pulmonary congestions—sensation of weakness in the chest with oppression, anxiety, burning stabbing tearing pains, cough with dyspnoea and blood-streaked expectoration.

Pleurisy, when exudation has taken place, acts by improving general constitution.

Heart. Hypertrophy with dilatation—severe and violent palpitations, anxiety, dry cough and asthma.

Angina pectoris—with dropsical symptoms, venous hyperæmia, and cyanosis.

In cardiac debility depending upon general exhaustion.

Bowels. Chronic diarrhœa of an exhausting character—stools watery, purulent, fatty, and scalding the anus to rawness.

Inclination to constantly change position.

Emaciation rapid, although digestion good and patient eats often and much.

Inanition with enlarged abdominal glands.

Cholera infantum—watery acrid stool, cadaverous smelling, and there is every appearance of an early dissolution.

Tabes mesenterica, and chronic hydrocephalus—when the tubercular cachexia is present.

FEMALE GENITALS. *Uterus.* Endometritis with corrosive discharge; frequent and profuse menses; ulceration of os.

Chronic endometritis—with thin, watery, bad smelling discharge, and patient is liable to have sores—scirrhous and epithelial cancer of cervix and os—parts are indurated and there is a continual discharge of an acrid, excoriating character, mitigates suffering and renders life a little more endurable.

Leucorrhœa corrosive—watery, with too profuse and frequent menses, generally find an ulcerated condition of the os—as an accompaniment.

Hydrops ovarii — burning pain, corroding leucorrhœa, mammary glands become atrophied, strumous constitution.

MALE GENITALS. *Penis.* Chancre, where ulcers are phagadenic and gangrenous with bloody edges, and acrid, corrosive pus.

Bubo — either simple or specific, when there is a scrofulous dyscrasia, acts as no other remedy with which I am acquainted.

Breast. Scirrhus of the mammæ where there is debility and a manifest increase in size. Enlargement of glands very marked. Tumor painful and sensitive to touch, great emaciation, restlessness and thirst.

Mammary abscess with throbbing pains, great restlessness and much thirst.

Skin. Abscesses; discharge corroding, ichorous, and putrid smelling, with great muscular prostration.

Abscesses of scrofulous type which threaten to become gangrenous.

Icthyosis — (does all that can be done).

Lupus exedens.

Psoriasis of entire body, and obstinate in character. (Has done more in my hands than any other remedy.)

Dermatitis exfoliativa and erythema of the face — has generally proved curative.

Ulcers of an indolent and irritable type, accompanied with an exhausted constitution, burning lancinating pains, and all the more indicated when the sore is consequent upon the long continued abuse of liquor.

Blood. Pyæmia, septicæmia, or where there are any indications of it, proves a valuable adjunct.

Traumatic, senile, and hospital gangrene.

Joints. Coxalgia, restlessness, emaciation, rapid exhaustion, diarrhœa which is worse at night.

Synovitis.

ABNORMAL HUNGER.

By DR. W. E. HATHAWAY,

MARTVILLE, TENN.

A FEW months since I had a patient who gave me an unusual amount of trouble and difficulty to find the curative remedy.

The patient was a young lady of highly nervous organization. She had been, for some weeks, overburdened with the care of a sick sister. The most marked symptom was abnormal hunger, that recurred within an hour or two after eating. If not satisfied, the patient experienced a gnawing and unbearable agony. A very moderate amount of food satisfied the

hunger temporarily, but it returned day and night, waking the patient out of sleep. She had to provide food by her bedside and take it through the night, the first thing in the morning; frequently between meals through the day and the last thing before retiring for the night. With this there was considerably accelerated heart's action, great general exhaustion and weakness, anæmia, diarrhœa, irregularity of the menstrual function, and great nervousness.

Ferrum, Phos., Calc. carb. and Arsenicum all seemed to do some good, but the hunger symptom continued. Ars. iod. 6x checked the diarrhœa; Calc. carb. 3x improved the concomitant symptom of cold extremities. Ferrum seemed to steady the heart somewhat — but the hunger trouble was still intractable. I feared mesenteric tuberculosis. The digestion seemed too active, the secretion of gastric fluid too free. The mill ground out the grist, so to speak, too quickly, and unless more was supplied began to grind upon itself. It really seemed as if the stomach was threatened with self destruction. I feared ulceration and final collapse of digestive power. In this dilemma I bethought me of applying the homœopathic law to control the gastric secretion. I could find no authority for the programme that, it seemed to me, ought to meet the case; but its correctness, according to the law of homœopathy, commended it. The 4x dilution of Lactic acid and the 2x of Muriatic acid, fifteen drops of each in half a glass of water, a teaspoonful every two hours, corrected the trouble very promptly. After discontinuing this remedy the trouble returned somewhat, but again promptly disappeared on the exhibition of the combined acids, and this time the cure seems to be complete, for the medicine has been discontinued several months with no return of the trouble, and my patient is restored to health and vigor.

My theory was that the dilution of the acids would stimulate an alkaline secretion in the stomach and retard the too intense digestion. Whether the cure was actually in accordance with this theory I will leave others to judge; suffice to say the cure was and is complete and satisfactory.

POSTSCRIPT. — A half hour ago I finished the above brief article and laid it aside. Then I settled myself in my easy chair and took up a new journal, the *Dietetic Gazette*, a sample copy of which recently came to hand. Glancing over its pages to see what of interest it might contain I chanced upon the following:

HYPERACIDITY OF THE STOMACH. — A number of more or less important observations have recently

been made in Germany, France and Russia on hyperacidity and hypersecretion of the gastric juice. A continuous acid secretion has been described by Reichmann and others. This condition has been called *gastrorrhœa acida*. It arises chiefly as a symptom of disease of the nervous system, such as tabes, in hysteria, and neurasthenia, but occasionally as an independent disease of the nervous apparatus of secretion brought about by constant over-irritation in a neurotic subject. The chief symptom is vomiting, generally at least once a day, often at night or in the early morning, of a quantity of almost pure gastric juice, unmixed with remains of food, but often bile-stained. It occurs chiefly in young persons or those below middle age, often periodically, without any apparent cause, the patient waking in the night with heartburn and severe cramping pain in the stomach, thirst, etc., succeeded shortly by copious vomiting. There is often headache, restlessness, and altered expression of the countenance. The attacks may last for twenty-four hours or a few days, and in some hysterical cases for weeks or months. The acidity of the vomited matter varies from .8 to .4 per cent in different cases (average normal gastric acidity during digestion—.2 per cent.) It digests albumen well, if free from organic acids, and presents all the characteristics of almost pure gastric juice. The diagnosis is rendered certain if the stomach be washed out at bedtime and all traces of food removed, and the following morning a quantity of fluid of the character described above be found in it. Digestion is often marked by an increased acidity, by the retention of starchy matters in the stomach, and by the absence of all traces of muscular fibre after the food has remained in the stomach a few hours. There is usually increased appetite and a frequent craving sense of hunger, compelling the patient to eat frequently during the day, and even to rise at night to satisfy it, increased thirst, heartburn, and pain in the stomach, particularly at night. When the disease lasts for any length of time there is wasting and anæmia. The disease is rare, according to Reichmann, he having only noticed six cases amongst several hundred examined with the sound. Treatment consists in washing out the stomach so as to free it for a time from its acid contents. Washing out the stomach with alkaline solutions is also very beneficial. Solutions of nitrate of silver (1—2 in 1000 of water) lessen, in a certain measure, the hypersecretion. In less pronounced cases, after several washings out, alkaline saline waters may be taken in the morning fasting, or solutions of nitrate of silver (1.2 to 1½ grain in 10 drops of water) in a gelatine capsule. Alkalies are often necessary during the night as palliatives. As to diet, dry food, consisting almost solely of albuminous substances, such as eggs and meat, which soak up the excess of gastric juice, is most useful. In order to quiet thirst, injections of water may be given *per rectum*.

Compare my hurried description of my patient's symptoms with this more careful pathological exposition, and it must be confessed that they belong to the same genus. Then, oh then, shades of Hahnemann! compare the therapeutics—the clumsy stomach washings—the frequent gagging stomach pump—the rectal injections—the alkaline solutions, the high and mighty resources of “regular” and “scientific,” “rational” or “physiological” medicine—and what do you think of it? Is it not really a wonderful fact, worthy of being blazoned across the sky in letters of light, that there is a law for our guidance in therapeutics? A law which, comprehended and obeyed, turns the wisdom of the wise into foolishness, and out of the mouths of the very babes of homœopathy perfects its praise.

THE ANTITHERMIC TREATMENT OF TYPHOID FEVER.

By DR. P. JOUSSET.

PARIS.

[Clinique of the Hospital Saint-Jacque. Translated from *L'Art Medical*, by H. P. Holmes, M.D., Sycamore, Ill.]

REDUCING the temperature, treating the hyperpyrexia, is an illusion which has been established as a therapeutic method, and it has given rise to a school which only considers the hyperpyrexia, and regards it as the most important feature in typhoid fever. Others, however, with good reason, look upon it as a single symptom only. For reducing the temperature they employ either cold water or certain remedies called antipyretics.

The first method is simple even to *naïveté*; it consists in plunging the patient into cold water as soon as there is an elevation of temperature. Peter has very appropriately said it was a “fireman's therapeutics” (*therapeutique de pompier*.)

The method has been extolled by Brand; the proceeding is simple; the patient is plunged into a bath at 68° six or eight times in twenty-four hours. There are two errors in this method: a physiological and a therapeutical error. The first error is that “the hyperpyrexia constitutes the danger, and nearly always is the cause of death.” This error comes from Brand, who found that a temperature of 107.6° produced a vitreous coagulation of the muscular fibre, the degeneration of Zanker. There are cases from Valleix which demonstrate that this degeneration is independent of the heat. Physiological therapeutics are full of danger. The high temperature alone does not suffice for producing death, and there have been cases in hysterical subjects and in spinal disturbances where there was a temperature even above 108° without

danger of the patient's dying. The high temperature, then, is not the cause, but one of the expressions of the gravity of the disease (Peter), and a favorable prognosis may frequently be given in spite of the hyperpyrexia. The second error in Brand's method is in the mode of administration, which prevents the reaction. All physicians who believe in hydropathy agree upon this point, that the central temperature is neither lowered during the cold bath, nor after it, so long as the reaction does not occur.

Caulet, physician to the Pyrenees Waters, said the formula of Brand prevented the cold baths from exercising their antithermic action and rendered them offensive and dangerous.

Passing to the proved statistics: If Brand's statistics be consulted the mortality is found to be *nil*; every patient has recovered! Ricklin gives the statistics of the Rodolphi Hospital, in Vienna, where Brand's method is employed in all its rigor. These statistics, carried through a period of seven years, give a mortality of from 15 to 27 per cent.

Labadie-Largrave, in a thesis, gives the statistics of Schmidt, who gives as an average in the adult a mortality of 19.6 per cent. The statistics of the German army gives only a small mortality, seven to fifteen per cent (Glenard), while in the French army we have 40.5 per cent. That excessive difference is due assuredly to confounding synochal and typhoid fevers. In Algeria, however, we have only 21 per cent. Brand's method is dangerous and may produce grave accidents. In patients treated this way, in fact, we frequently notice pneumonias, interstitial hemorrhages, and cases of sudden death.

Cold water in the treatment of fevers had already been employed by Curie in 1792 and later by Recamier in 1840; but after another method which consisted in producing a reaction instead of preventing it. Recamier placed the patient in a bath tub and threw over him five or six pailfuls of water; he was then carried to his bed and vigorous frictions were given to hasten reaction. I have even seen them prescribe frictions of Croton oil over the whole body following these cold affusions and one patient thought to be already dead was cured by these means.

Cold affusions may be serviceable in certain grave forms, and by these means you will frequently see the delirium cease and the patient grow calm. In the insane the douche produces the same effect. There are then two ways of employing cold water; one brutal and unscientific, as Brand's method; the other milder and

more scientific, based upon the necessity of the reaction which should follow the cold affusions. We have here a means which we may be able to use in certain well indicated cases. The high temperature is a condition which shows that the cold water will be well borne; therefore this mode should not be employed where there is only a slight elevation of temperature; you would not obtain any good results. Cold water is much better borne where the temperature is more elevated.

There is still a milder way of employing cold water. It is in the form of simple spongings, which may be done without taking the patient out of his bed. In grave cases I think that the physician, after having warned the family of the danger of the case, may employ one of these last methods. It will not cure the patient, but the temperature will be lowered and one will thus have a little respite during which the remedies may be able to act; time may be saved by this means.

A word now on antithermic remedies: The remedies most frequently employed to this end are: Sulphate of quinine, Antipyrine, Salicylate of soda, Phenic acid, Alcohol, etc. These remedies lower the temperature but do not prevent the progress of the disease. Let us examine the question a little farther. You may lower the temperature; that is all right, but it returns; you continue, the disease progresses and the patient occasionally, if not oftener, dies under the treatment. Why is it so? It is because the antithermics cannot act against the malignancy; then reduce the temperature without diminishing the danger. It is not the high temperature but the malignancy which constitutes the danger and the patient is left to the mercy of the disease while you are trying to lower the temperature. This is not a reason for giving up cold water; that permits a saving of time, as I have said.

The malignancy is characterized by a sort of derangement of the negative functions. There are two species of this malignancy: the pernicious is that which comes in repeated attacks; the other which is continued is, properly speaking, the malignant form. The pernicious attacks have been noticed in pneumonia, pleurisy, typhoid fever, etc. In the old hospital Saint-Jacques I have seen cases of typhoid fever as grave as that of our patient and yet these patients were cured; but the malignancy returned in attacks. Now then, we have a means, I will say almost infallible, of combating the pernicious intermittent; it is the Sulphate of quinine.

But there are cases where the malignancy continues, and against that we are completely disarmed. In these grave cases there are several means which may be employed: cold water, Arsenic, China, Carbo vegetabilis, Lachesis and Phosphorus.

Cold water in the form of lotions or affusions has a certain action, but it is ephemeral. It is indicated by the high temperature, ataxia, and adynamia.

Arsenic is indicated where there is a high temperature with chilliness of the extremities, pulse small and frequent, great thirst, dry tongue (which is a prominent symptom), anxiety and excessive restlessness.

Carbo vegetabilis is a remedy for adynamia, anxiety and collapse. Carbon not being absorbable, we use it according to the triturations of our school. Clinical experience demonstrates that it is the higher dilutions which act best; the twelfth or thirtieth dilutions. You see we employ the remedies in all potencies and base it only on experience. China and Sulphate of quinine are given in large doses, while Carbo veg. acts better in the small dose.

Lachesis is indicated by a tendency to hemorrhages, petechial eruptions, adynamic state, collapse, feeble pulse and fainting.

Phosphorus is especially indicated by the tendency to hemorrhages like the preceding remedy.

En résumé: Cold water—a powerful remedy, without danger, if used in affusions, may, with the reaction which it produces, arrest death at the threshold and give time for action. You will then use Arsenic or China; Arsenic if there is restlessness, China if there is indifference and sleep with open eyes. Finally Lachesis and Carbo veg. in the collapse.

In closing this lecture I will say a word about two patients. The first is in No. 12 of the large ward.

It is a young chlorotic girl treated with Iron; she was doing well enough, when she was taken with supra-orbital neuralgia. The pain increased from midnight till morning. I had occasion to again verify the action of Nux vomica. I gave this remedy in the 12x dilution and in two or three hours the neuralgia had disappeared. Whenever you have to treat a supra-orbital neuralgia coming on in the morning, you may be certain of succeeding with Nux vomica in a high dilution.

The other patient is a rheumatic who had an acute attack of rheumatism some two years ago. She entered the 30th of November with four or five joints affected and a temperature

varying between 100° and 102.5. I gave China sulph. on account of the remittance of the fever. At the end of a few days the fever had fallen and the joints were free. We thought her cured, when there was a return of the rheumatism in the side of the shoulder. I gave Bryonia, tincture, ten drops, and the pain diminished at the end of two days. The 14th of December the articulations were in good shape, but the patient complained of palpitation of the heart; I gave Cactus for fear of an endocarditis; the rheumatism has returned. I then returned to Bryonia and the patient is well to-day.

As a conclusion to draw from this case of rheumatism, I would say to you that, whenever you have given a remedy with good results, it should be continued for some days after the amelioration, and not try anything else.

IV.

SYSTEMATIC CHEMICAL EXAMINATION OF URINE FOR CLINICAL PURPOSES.

By CLIFFORD MITCHELL, A.B., M.D.

CHICAGO.

C. DETECTION OF PEPTONES: — RALFE'S TEST.

Whether or not serum albumin has been found, take cold Fehling's solution and cause fresh amount of urine to trickle down the side of the test-tube into it. A rosy red color at juncture indicates the presence of peptones; a violet coloration, may be noticed when serum albumin is present.

(For constitution of Fehling's solution see next paragraph, D_a).

D. SUGAR.

Procure Fehling's solution, which is made as follows: — (a) 34.64 grams of c. p. crystallized copper sulphate dissolved in moderately warm, distilled water, and then diluted up to 500 c.c. with cold, distilled water. Preserve in a stoppered flask.

(b.) Dissolve 173 grams of Rochelle salt (in pure crystals*) in 100 c.c. of caustic soda solution having a sp. gr. of 1.34. Dilute up to 500 c.c. Preserve in a stoppered bottle. For use, mix equal volumes of the fluid (a) and (b). Shake together and there results a dark blue fluid.

The two solutions may be mixed and kept in small flasks away from the light. If, however, the solutions are kept in bottles, it is wise not to mix until a short time before using.

*Schuchardt's is said to be good.

When about to test a sample of urine suspected to contain sugar, remove albumin, if any be present, by boiling the urine, to which a drop of acetic acid has been added and filtering. Test the filtered urine: 1. mix equal amounts of solutions (a) and (b).

2. Fill a test tube to the depth of three quarters of an inch with the solution obtained by mixing in heat, until it begins to boil, remove from the flame, and quickly add a drop or two of urine. If, after a second, the mixture suddenly turns an intense, opaque, yellow color, sugar is present and in abundant quantity. An abundant yellow and red sediment will, in this case, settle to the bottom of the tube. Where the amount of sugar is very great, the color of the precipitate may be brownish red. The darker the color, the more the sugar.

3. If a few drops of the urine fail to produce the yellowish precipitate, take a fresh amount of the solution made as in (1) and boil it. Then add a little less than an equal amount of the urine, raise to the boiling point, and remove from the flame. If the mixture changes to an intense opaque yellowish-green and a bright yellow deposit is slowly precipitated, sugar is present in small amount.

N. B. It is important to test the Fehling's solution before using it. Dilute some of it with four times its bulk of distilled water and boil for a few seconds. If the solution remains clear it is fit for use, otherwise not.

QUANTITATIVE ESTIMATION OF SUGAR.

1. *Rough method:* Collect urine of 24 hours. Take specific gravity. Multiply last two figures of the sp. gr. by two and this result by the number of litres of urine passed in 24 hours. Subtract 50 and the result is the amount of sugar in grams. Multiply by $15\frac{1}{2}$ to get it to grains. Suppose total amount of urine in 24 hours be four litres; sp. gr. 1036, $(36 \times 2 \times 4) - 50 = 238$ grams of sugar in the 24 hours urine.

2. *Approximate method:*

(a) Collect the urine of 24 hours, measure carefully, pour four fluid ounces into an eight ounce bottle and add a small piece of yeast, then pour four fluid ounces into another eight ounce bottle adding no yeast. Set aside the two bottles in a warm place for 24 hours, then take specific gravity of the urine in each. It will be found that the one containing the yeast is of lower specific gravity than the one without the yeast. Each degree of sp. gr. lost means one grain of sugar to the fluid ounce of urine, or 0.2196 gram of sugar to the 100 c. c. of urine. For example, suppose the patient

voids 150 fluid ounces of urine in 24 hours: suppose sp. gr. of the urine in the bottle with yeast to be 1035, in that of the bottle without yeast 1045, then this specimen of urine contains ten grains to the fluid ounce, and 150 fluid ounces there will be 150×10 grains or 1,500 grains of sugar passed in the 24 hours. This method of estimation should be made from time to time in order to ascertain whether the patient is voiding more and more sugar or less and less. The same urinometer should always be used and, preferably, one with a long index, so that the variation in degrees can be easily read off and closely observed. Occasionally it is wise to make an accurate estimation of the percentage of sugar.

(b) Another method of using fermentation as a means of estimating the quantity of sugar is the following: Procure at least two of the so-called fermentation tubes; shake up ten c.c. of the diabetic urine with one gram of compressed yeast and pour into one of the tubes; do the same with ten c.c. of normal urine and one gram of yeast and pour into the other. Allow both tubes to stand for 20 or 24 hours at ordinary temperature, and in the diabetic urine carbonic acid gas will be generated, but not in the normal urine.

A convenient apparatus for this purpose is the Einhorn saccharometer; after the urine and yeast mixture has been poured into the saccharometer, the latter apparatus is inclined so that all the air in the graduated part is replaced by the fluid and then it is set aside undisturbed at ordinary temperature for 20 to 24 hours. If there is sugar in the urine, carbonic acid gas is generated which collects in the upper part of the graduated tube displacing the urine. The graduation shows on the left the percentage of sugar and on the right the volume of carbonic acid gas. It is necessary in most cases to dilute the urine, for the apparatus does not show a percentage higher than one, and diabetic urine often contains as much as four per cent of sugar. If the dilution is made by taking equal parts urine and water, multiply the percentage found by two; if two of water to one of urine, by three; if three of water and one of urine, by four, and so on.

NEURALGIA. — Case of malarial neuralgia; left side of face; pain almost unbearable; came on at 9 a. m.; for a month had been growing constantly worse. Gave Eupatorium perf. After taking the medicine 24 hours the pain ceased, and the case was permanently cured, there having been no return. — *Dr. E. Lippincott.*

III.

HAY FEVER:

RHINITIS VASO-MOTORIA PERIODICA.

BY E. LIPPINCOTT, M.D.

MEMPHIS, TENN.

After consideration of these numerous and conflicting theories, it is but natural to examine the parts affected for an explanation of its causes and phenomena, and to ascertain why the inhalation of this diversified "invisible nastiness" (as Tyndall very appropriately terms it) should produce a common result in persons subject to the disease. In the examination of the nasal and naso-pharyngeal cavities of a boy aged sixteen, to discover the character of a catarrh about which he consulted me, I found hyperæmia, hyperæsthesia, hypertrophy, the mucous membrane denuded of its epithelium, and partial stenosis of the nasal cavities. He soon thereafter changed his place of residence, and, as I afterwards learned, had hay fever the following year. An examination of the nasal and naso-pharyngeal cavities of *any* or *all* hay fever victims during the interim of attacks, and when in apparent good health, will reveal either hyperæmia, hypertrophy, hyperæsthesia, ulceration, exostosis, polypus, deflection of the septum, stenosis, or other anatomical or pathological conditions or peculiarities, or both combined, with perverted physiological functions, showing a local structural or functional disease of these cavities, which constitutes the prime or latent cause of hay fever. These pathological peculiarities and perverted physiological functions of the parts—organic changes—are the result of a neglected or improperly treated catarrh, catarrhal fever, repeated colds, or other diseases which leave the mucous membranes and structures in a sub-acute inflammatory and hypersensitive condition, and consequently highly sensitive to the action of pollen, dust, or other irritants or external influences, and upon which the exciting causes operate, and develop the disease in question. The action of pollen, dust, and other irritants—more especially pollen and dust—upon the nasal cavities in developing hay fever is almost universally conceded, but hay fever has a previously existing lesion in the nasal cavities, otherwise pollen and other irritants could not induce an attack: hence the above-stated cause, a pre-existing diseased condition of the structures and functions of these cavities, is the *predisposing* cause, and pollen and other irritants, the *exciting* cause. Conse-

quently, as exciting causes, they play a secondary rôle. The fact of this disease being more prevalent in localities where catarrhal diseases prevail, goes far to substantiate the above statement.

The fact that, to the knowledge of the hay fever sufferer, there are generally no after-effects remaining from an attack of hay fever, or any objective or subjective phenomena by which the physician could discover any lesion other than the pre-existing local chronic disease, precludes the possibility of any pollen poisoning—first mentioned by Dr. Marsh, and generously accepted by a few others—and demonstrates that pollen, dust, and other irritants are mechanical and not toxicological in their effects.

There is no peculiarity of constitution, form, or condition, observed in those who are subject to this disease other than the pre-existing nasal disease, anatomical peculiarities, and consequent perverted physiological functions mentioned. The "individual aptitudes," "predisposition," "individual or special susceptibility," "constitutional peculiarity," "idiosyncrasy or constitutional diathesis," and other synonymous terms used by various writers as explanatory of the causes of hay fever, can all be explained by reference to the pre-disposing cause—the *local chronic disease*. The majority of these writers fail to explain the origin or cause of the special susceptibility, etc., which they so modestly and satisfactorily accept. The cause of the deranged state of the nerve centers, or neurosis, of which many so assuringly write, is not explained by any of them. By an explanation we could better comprehend their theory of its cause. But it becomes clear when we consider that the systemic disturbance, such as asthma, the implication of the eyes, ears, bronchi and lungs, and the nervous phenomena, are the result of the irritation of the diseased tissues in the nasal cavities, which is reflected to distant parts and organs, causing in them a fluctuatory hyperæmia, produced through the correlating function of the sympathetic ganglia connecting these different regions with the nose.

Dr. Daly, in an article on the "Relations of Hay Asthma and Chronic Naso-Pharyngeal Catarrh," (*Archives of Laryngology*, Apr. 1882, vol. 3, p. 57), reports the histories and cure of three patients, who were sufferers from hay fever and hay asthma, for six, fifteen and twenty-one years; two of which were cases of hypertrophy of the nasal mucous membrane, and one a case of polypus; the cure in each case being obtained by removing the morbid condition in the nasal cavities. Dr. F. H. Bosworth, of New York,

says: "Of the sixty cases of hay fever which I have personally examined, I have seen none in which there was not notable obstructive lesion in the nasal cavities."

Pathology.—The number of hay fever subjects in the United States is probably four times that of our standing army. Information relative to this disease is eagerly sought by this vast army of sufferers if it offer a ray of hope of relief or cure. That hay fever—so-called—is a morbid entity can be demonstrated by an investigation into and knowledge of its ætiology and pathology. Sir. Morell Mackenzie, in his "Hay Fever, its Ætiology and Treatment, 1884," says in relation to the pathology of this disease: "Hay fever leaves no permanent structural lesion behind it, and cannot therefore be said to have any pathology." But he is wrong. A disease can have a pathology without leaving a permanent structural lesion behind it. As has been, and will hereafter be shown, hay fever has its lesion in the nasal cavities, and consequently has a pathology: *i. e.*, there is a permanent diseased condition of the nasal cavities—the result of other diseases—which, being acted upon by certain irritants, produce the disease.

The want of definite knowledge in the past concerning the ætiology and pathology of this disease has not been from want of patient, careful, and close observation or painstaking research to ascertain its causes, but from the fact that its presumed causes have been studied independently, that their relation to the tissues in the nasal and the naso-pharyngeal cavities have not been taken into consideration, and that the diseased condition of these tissues, which render them susceptible to various influences, has been entirely overlooked. In the examination of the various articles and more or less elaborate works on hay fever, there is no intimation of any investigation into the objective phenomena of the nasal or naso-pharyngeal cavities as the existence of any localized diseased condition or anatomical peculiarities that might predispose to the affection, previous to the articles of Drs. Daly, Roe, Sajous, Harrison, Allen, and J. N. Mackenzie. Hay fever patients are all alike in presenting certain anatomical peculiarities or pathological conditions of the nasal cavities, or both combined, among which are: obstruction by deflection of the septum, (either congenital, or acquired by disease or injury), sometimes unusual prominence of the inferior turbinated bones, stenosis, or complete closure of one or both cavities, hypertrophy of the soft parts or bones, polypus, exostosis, or other diseased condition of these cavities. The tissue covering the

inferior turbinated bones and lower part of the septum is a highly vascular, erectile tissue, which is under the control of the vaso-motor nerves, and is highly sensitive in local impressions, as well as to other impressions in other parts of the body. The effects of a cold in the head, or of a draft of air striking the body will, in some instances, cause this tissue to become engorged and thus occlude one or both nostrils. The engorgement of this tissue as a result of a draft of air, or sudden chilling of the body, etc., causes the distressing sensations arising from and accompanying a cold in the head. A remaining engorged, sub-acute inflammatory, or hyper-sensitive condition of the tissue covering the nasal cavities—a rhinitis—as a result of the above operative causes is irritated by the contact of pollen and other irritants, which develop a rhinorrhœa, and also what is popularly but erroneously denominated hay fever. An inflamed, turgescient or hyperæsthetic condition of this tissue—although slight and not sufficient to cause any special annoyance, or attract the attention of the patient—may, through atmospheric and other influences, increase its susceptibility to irritation in a marked degree, or result in permanent hypertrophy, and consequently nasal stenosis.

There is an intimate connection between the nervous supply of the nose, eyes, ears, throat, bronchi and lungs. The irritation reflected from tissues of the nasal cavities through the sympathetic nerves to other parts and organs, is the excitator of the varied and distressing symptoms and conditions experienced by hay fever victims, among which are hay asthma.

If the lesion of hay asthma is traceable to the nasal cavity, it is reasonable to suppose that the lesion of other forms of asthma may be traceable to a diseased condition of this cavity. Such has been the result of my investigations in cases of asthma. The importance of an unobstructed nasal passage, free nasal respiration, and a healthy condition of the nasal mucous membrane can only be realized and appreciated when one attempts to eat, drink, sleep, or talk with the cavities closed.

Diagnosis.—Hay fever may be mistaken for a cold in the head, catarrh, influenza, catarrhal fever, ophthalmia, acute bronchitis, or asthma. In hay fever we have itching of the nose, eyes, ears, mouth, throat and skin, paroxysmal and violent sneezing, profuse bland or acrid discharge from the nose, occlusion of the nares, an inflamed condition of the eyes, headache, fever, spasmodic cough, asthma, a specific date for its annual recurrence, which visitations are out of

the seasons of ordinary colds, catarrh, influenza, etc. It is of long duration and great severity. There is no predisposition, as a rule, to other diseases, and the combination of symptoms and conditions are not common to any of the above diseases. A careful study of its symptoms, ætiology and pathology, will prevent its being confounded with any other disease.

Prognosis.—The prognosis is favorable. A removal from the exciting causes gives immunity from the affection. The catarrhal and asthmatic conditions seldom, if ever, lead to grave results, or to permanent organic changes. No matter how severe the case may be, the symptoms finally disappear in all but rare instances, and the patient recovers health in the months of perfect immunity. It does not appear to shorten life. It has heretofore been regarded as the most obstinate and, to a great extent, one of the incurable diseases, but the discovery of its lesion being in the nose has made prognosis favorable in all cases, for just so far as we can cure this pre-existing nasal disease, just so far can we cure hay fever. The existence of great debility, pregnancy, pulmonary or bronchial affections, and grave constitutional difficulties modifies the prognosis.

Sanitary Resorts.—The only places to which hay fever victims, as a rule, can resort with benefit or immunity, are those where vegetation does not exist, as on the ocean, or where the seasons are so short vegetation does not ripen, as in high mountain regions, or on islands, showing conclusively the result of the inhalation of substances arising from Summer's or Autumn's growth. Some hay fever subjects are only susceptible to a special irritant; these have immunity by removal to a district where this irritant does not exist, or is not carried by the winds.

The principal and favorite hay fever resorts in the United States are the White Mountains, Catskills, Adirondacks, Alleghanies, Lookout Mountain, Roane Mountain, the Rocky and Sierra Nevada Mountain country, Lake Chautauqua, the shores of Lake Superior, Put-in Bay, Colorado Springs, Col., Hot Springs, Ark., Fire Island, the Island of Mackinaw, Cobb's Island, and Brigantine Beach, New Jersey.

Some of the principal hay fever resorts of Europe, are: The Highlands of Scotland, the mountainous districts of Wales, the rocky Atlantic coast of Ireland, and the mountains of Switzerland. These hay fever resorts give immunity, by virtue of the rare and pure atmosphere, wherein pollen, etc., does not exist, and is not carried or found floating, in contradistinction

to the humid atmosphere of the habitat of the victim, wherein all the various irritants float, and other exciting causes operate. A sea voyage gives entire immunity from the disease. All hay fever subjects do not alike receive immunity from the disease. Dr. J. C. Morgan tells us that "Hodrogenoid patients do badly at the sea-shore, but Long Branch, on the New Jersey coast, has a special reputation as a sanitary resort for hay fever subjects, having no upland vegetation, and being separated from the mainland by five miles of salt bay." The case of a lady was brought to my notice, who had been a victim of hay fever for several years, who visited Hot Springs, Ark., for three consecutive years, at about the usual time for the attack, and remained until the hay fever season was past. She has had entire immunity from the disease since. Some physicians claim that there is an element of the practical in the geographical feature of the disease in that it enables them to direct their patients where they may expect to find immunity from their attacks. So a homœopathist with a knowledge of its ætiology, pathology, the proper local and general measures for removal of the pathological condition, and the proper *similimum*, there is no necessity for such consolation, or of making exiles or refugees of hay fever patients.

Instinctive Self-help in Dyspnoea.

During a paroxysm of asthma or dyspnoea from other causes, the sufferer leans upon a table or rests his elbow there. Why? He seeks to make his shoulder the fixed point, to assist respiration, and calls on muscles whose usual uses are to move the head, to move the chest as the sterno-cleido-mastoid; muscles whose duty it is to raise the arm, as the pectoralis major; muscles of the scapula and shoulders, as the rhomboideus major and minor. Thus he converts, by fixing the head and shoulder, muscles of volition and ordinary motion of extremities into temporary muscles of respiration. The trapezius is also enlisted in the same service.

— *Med. World.*

In response to the circular from Georgia THE MEDICAL ERA has sent to the representatives of this District in Congress, petitions praying that the duty on surgical instruments and appliances may remain as it now is, to the end that American labor may be well paid, that American invention may be stimulated, and that American surgery and gynecology may in the future, as in the past, command the admiration of the world.

SELECTIONS.

A New Treatment by Electricity of Peri-Uterine Inflammation.

By G. APOSTOLI, M.D.,

PARIS.

Ever since the year 1882, when I began my study and treatment of fibroid growths, I have carried on concurrently similar researches on uterine inflammation. I believe that my attempt to unravel the pathology and improve the treatment of this malady has not been fruitless of new ideas. On this ground I ask some share of your attention.

Besides what has been made known in my oral teaching at the *Clinique*, and by my lectures at the Practical school of the Faculty of Medicine, which have been delivered without interruption for the last five years, the thesis of my pupil Dr. Carlet, on the electrical treatment of fibromata of the uterus, contains reports of many cases of peri-uterine inflammations, treated electrically and with success. One case is especially noticeable, as it was that of a fibrome complicated with a long-standing chronic form of phlegmonous inflammation, in which I employed the vaginal negative puncture.

I also made a communication at the International Congress of Copenhagen, in which I dwelt upon the use of faradization, either alone or in conjunction with intra-uterine cauterizations, in these affections.

A year later, 1885, in a paper on peri-uterine hæmatocele treated by galvano-puncture, vaginal, I enlarged upon the important part which galvano-puncture, applied in my way, is called upon, in the future, to play in the treatment either of solid exudations (chronic cellulitis, phlegmon and peri-uterine phlegmasia), or of neoplasms (interstitial myoma, local hypertrophies), or of uterine and peri-uterine cysts (hæmatomata, extra-uterine foetation, etc.)

In 1886, in my memoir giving an account of my new treatment of chronic metritis, especially endometritis, I introduced, incidentally, the subject of peri-uterine phlegmasia. Notice of the same kind is also to be found in a note appended to my pamphlet on the use of galvano-puncture in gynecology.

The subject is therefore nearly a novelty, and in this place I only wish to explain my views upon the modern question of treatment by electricity.

Notwithstanding the variety of names which have been given to peri-uterine inflammations, sometimes fashioned only according to the in-

ventive ingenuity of authors, and sometimes only indicating the localization, they all mean pretty much the same thing, except as regards the point of intensity.

Whether it be called a perimetritis, a parametritis, a phlegmon or a cellulitis, we have always to deal with a peri-uterine inflammation, either limited to the cellular tissue only, or involving all that is included in the pelvic folds of the peritoneum. Throughout, the therapeutical indications are much the same, and it is of them only that I wish to speak.

I do not fail to see how complex the problem is, and I am not presumptuous enough to suppose that I have solved it. I only wish to establish the fact that my operative proceedings are justified by the general results.

Wishing not to go beyond therapeutical considerations, I make use of the ordinary symptomatic classification, and I accept the division into the three forms of acute, sub-acute, and chronic cases.

Although the operative proceedings which I think necessary require great precaution, I undertake them for two definite objects: first, to calm down the pain the patient is enduring; and, secondly, to arrest, if possible, the inflammatory action, and to prevent its running on to suppuration.

I have already, in 1883 and before the Congress at Copenhagen, in 1884, made known the general lines of my treatment, which may be thus summed up. I faradize every woman even when under an acute attack of inflammation, observing, however, the following practical conditions.

a. I proscribe every faradization that would cause the least pain, and expressly that of quantity, engendered by the bobbin with short and thick wire. b. I use for such cases the bobbin with long and thin wire, from which I obtain a current of tension, on account of its specially anodyne effects. c. I begin with a simple vaginal application, by means of a large bipolar electrode, the point of which is placed against the inflamed part. d. I only employ a current easily bearable, so as to cause no suffering nor any excitement of the patient, as this would insure an entire failure of the treatment. e. All the success of this medication depends upon making the first sittings sedative, so that they may serve as a prelude to more active measures; and the faradization will only become hyposthenic on the double condition of its low intensity and its long duration. f. Each sitting should last five, ten, fifteen, twenty or twenty-five minutes, as may be required, and

should not terminate before the patient spontaneously declares that she is better and suffers less. *g.* It is necessary to reinforce what has been said, by dogmatically averring that no success will come out of this treatment unless it be managed, not only without violence, but with extreme gentleness. *h.* There may be one or two sittings each day, as may be wanted for lowering the febrile action, allaying pain, and bringing about what is called the subacute state of the inflammation. *i.* Every faradization should be preceded and followed by a vaginal irrigation with the sublimate solution, and all the sounds should be scrupulously disinfected.

II. *The Subacute Stage.*—As soon as the sound can be introduced into the uterus without much pain and without danger, I consider this stage to have set in, and it requires some alteration in the treatment. Intra-uterine medication is now necessary, its force being increased gradually. It is here that we can advantageously combine faradizations with the continuous current.

a. I recommend, first, bi-uterine faradization, because we desire to prolong in the uterus the same anodyne effect that we sought for in the vagina. We must therefore faradize the uterine cavity.

The current must always be that of tension. The intensity is increased by advancing the bobbin, and this must be done as softly as possible, without any jerking, till we reach the limits of personal tolerance. Every day the current may be repeated, until an evident amendment is taking place and the inflammation is giving way. This will be the indication for still more decided action, when we must call to our aid the constant galvanic current.

b. The use of the intra-uterine galvanic current, in small but gradually increasing doses, is the second part of the treatment which we have to offer to the patient, with a view to more rapid progress in the cure. Here the action is purely chemical, dynamic, and stimulant, and intended to stop any tendency to suppuration, and to accelerate the absorption of the morbid deposits.

We must begin with short sittings of only three or four minutes, with an intensity of not more than twenty to forty milliamperes. After a while, both dose and time may be augmented, and we have no better guide to trust to than the ease with which the patient can support this intra-uterine cauterization. The most exact care must be taken not to transgress any of the rules I have laid down for the safe performance of the operation, never omitting the diligent observance of every antiseptic precaution.

One or two sittings a week may be made, regulating the intervals by the strength and condition of the patient. Rest in bed after each operation must be enforced.

The early cauterizations should be with the positive pole, as it occasions less congestion than the negative. The negative cauterizations, having a greater derivative power, must, however, be brought to bear as soon as we can make out, by the way in which the action of the positive pole is tolerated, that they can be aptly and beneficially employed.

The surgeon must never lose sight of the fact that, with his patient on the confines of an acute stage of disease, he is handling a curative agent which, while capable of rendering great service, may also, by indiscreet and inexperienced usage, do her grievous mischief.

To sum up this part of the subject: these two stages of acute and subacute perimetritis are difficult to overcome and our great effort must be to get rid of them, and to place the patient in that chronic state in which our action will be more clear and definite.

III. *The Chronic Stage.*—However excusable a certain amount of timidity and indecision may be in treating the acute and subacute conditions of this disease, there is nothing to hold back the surgeon from following my recommendation to act boldly, and even heroically, when he comes to encounter the chronic stage. Here he must, judiciously but unhesitatingly, push the intra-uterine galvano-cauterization to its highest pitch, and then superpose the vaginal, chemical galvano-punctures, negative and monopolar. And in order that the inflamed peri-uterine zone may be directly brought under the influence of the current, that its full effect may be secured, and that none of its derivative and resolutive force may be utilized. I mean, that puncture must be made into the diseased part itself. The whole electric irrigation will then bathe its substance, and the disintegrating action will more easily make havoc of the inflammatory exudation, and insure its absorption. The negative galvano-puncture is a therapeutical resource so full of promise, above all that I can express, that no exhortation of mine to familiarize yourselves with it can be too hardly driven home.

In another memoir, on galvano-puncture in general, I have stated the leading reasons which induce me to use the negative pole alone as the therapeutical agent for the purpose we have in view. I have also laid down the rules for well doing the operation, have pointed out the dangers, have given every precautionary counsel, and have left nothing unsaid as to the prepar-

atory and post-operative care that ought to be taken.

To make the subject more intelligible, I will tell you what you may expect to see in a patient upon whom you have done the operation of negative galvano-puncture. Towards the latter part of the day you will find that she complains of some little pain in the body, and she will most likely have uterine and intestinal colic.

This will cease perhaps before morning, and keeping her in bed for two or three days there will be, within that time, a marked subsidence of the feeling of distension, and, with that, the pelvis will be found to be less blocked up, the sensibility will not be so acute, and pressure will be better supported. Of course it is wiser, especially in bad cases, to maintain the recumbent position, so as to give a greater chance of the absorption of the exudative matter; but with the defective accommodation at my *clinique*, I have involuntarily had forced upon me a solution of the question of bedkeeping. If I were asked whether it were useful, I should answer, yes. But, as to its being obligatory and indispensable, the many recoveries which have taken place without it enable me to say that it may be dispensed with. And this is one of the recommendations of my system of treatment. We can, in case of necessity do without a long confinement, and allow many of the women, I do not say all, to go through the operations, and yet not much interrupt their ordinary occupations. I have had, among the frequenters of my *clinique* several cases of chronic perimetritis, varying in severity from the simple state of perimetritis to that of a complication with lateral phlegmon and general cellulitis, which have been restored to health under such conditions.

To sum up in a few words the essential parts of my researches, and the clinical results which have been worked out from them, I may say:

1. Electricity, in the form of faradic currents of tension, can, and ought to, be made to calm the pain at the outset of an acute attack of perimetritis, and is a sedative of the first importance in abridging the first stage of inflammation.

2. The continued current is a power which we use in two ways: first, in the form of intra-uterine chemical galvano-cauterization, to cut short the acute stage; second, as vaginal, negative, galvano-punctures, to get rid of the chronic condition in all its forms and stages.

Is the restoration *ad integrum*, complete and definite, the prevailing result of my treatment? I do not pretend that such is the case; I do not even expect it; and I content myself with

offering for trial a method of relief and cure which I believe to be more speedy than any other.

Again we may force electricity into our service in another way. Given a case of actual suppuration, or of threatening suppuration, we have only to use our negative galvano-puncture, form an eschar, open up a sinus, and direct the exit of the pus to the nearest point of the vagina. And this we can do at will, when it is most fit to do it, and in the most convenient way.

We have, then, in the galvano-puncture, an effective means of arresting an inflammation, and of dispersing an inflammatory deposit. Or, we may use it as a sure and direct way of opening a profound and ready formed collection of pus. No plan of settling up a vaginal drainage, controllable as to amount and duration, can be more simple: and this we may associate with any local and antiseptic treatment that may be desirable, as I have shown elsewhere in relation with the subject of hæmatocele.

The subject, of which I have just jotted down the salient points for your consideration, is new and undeniably full of interest. You must not suppose that I think that I have done much for it, as I may fairly claim to have done for fibromata and endometritis, but what I have seen and watched with painstaking anxiety is so rich in clinical results, so fertile in unexpected therapeutic consequences, that I feel I cannot too earnestly urge you to study the subject yourselves, and to fathom it to the utmost.
—*Brit. M. Jour., Medical Abstract.*

Management of the Second Stage of Labor.

There are five methods of managing the perineum: 1. Supplying the directing force by pressing up the head so as to hold the sub-occiput under and against the pubic arch. 2. Supplementing the resisting force of the perineal centre by pressing against the advancing head, and thus gaining time for relaxation above. 3. Goodell's manœuvre of pulling forward the deeper portions of the perineum, and so diminishing the tension. 4. Artificial dilation. 5. A combination or modification of some of these four methods for the purpose of securing the delivery of the head between the pains.

Regarding the practice of obstetrics as an art of the highest kind, my method, simulating that of all true artists, is to secure the effect, viz., the delivery of the child with as little show of art (or interference) as possible. Hence I object to all interference on the part of the accoucheur until

something goes wrong. I consider but one examination per vaginam necessary for the benefit of the patient in ordinary labor, although I sometimes make two or three others for my own benefit, viz., to determine whether or not I may longer absent myself from the patient's house. In the beginning of labor, or as soon after as called, I determine by palpation over the abdominal walls (and by auscultation if necessary) whether the child is alive, how it lies, and which part of it is lowest in the pelvis. Supplementary to this, I introduce the finger into the vagina, and by bimanual, or by simple palpation, through the vaginal and uterine walls, further assure myself that the ovum maintains normal relations with the pelvic walls or pelvic brim. I do not (when acting in the patient's interest) insert my finger in the os or seek for a fontanelle. I inform myself by merely touching the os, of its condition. My reason for omitting the usual fingering of the vagina in labor is to avoid irritating the parts, removing the secretions, weakening the membranes, demoralizing the patient, etc.; when everything is normal, the labor takes care of itself without any fingering.

Having informed myself thoroughly of the history of the case, I await symptoms before interfering again.

In primiparous cases, I studiously avoid teaching the patient how to bear down; in multiparous ones, I prohibit all bearing down until the anal and vulval regions are pressed upon and a sensation of tenesmus is produced.

Excitement is calmed, with as little restraint as possible, and the chances of a favorable issue enlarged upon in conversation at the bedside. I prefer the dorsal position, yet if the patient finds herself more comfortable on the side, I do not object, but take precaution to apply a binder in all cases in which the abdominal walls are not firm enough to keep the ovum from sinking away from the pelvic floor. When the membranes come down and press upon the vulva, which they nearly always do in my cases (except, of course, those abnormal ones in which they rupture before or near the beginning of the first stage), I sit down by the patient and wait *patiently* for the head. If she be a multipara, I caution her against hurting herself by attempting to deliver herself too quickly and make her promise to stop bearing down, or let out her breath (or, if she cannot, to cry out) whenever I tell her to do so. If I find her utterly unable to restrain herself on account of a nervous excitability, occasioned by the memory of the fearful time she had in a previous labor, I give her a little chloroform with each pain until I get her quieted

down and under control, and convince her that she *can* take things a little easier. I seldom give narcotics and sedatives by the mouth during the expulsive stage, as their effects last too long and are apt to be harmful; and because I give them earlier whenever I consider them indicated at all. When the membranes protrude at the vulva, and the head at the same time pushes back the levator ani and presses upon the anal region, I do not restrain the bearing-down efforts unless I find the head coming too fast. When I find, by the hand or fingers laid, but not pressed, upon the perineum, that it is being rapidly distended or dilated, I suppress all voluntary straining at the acme of each pain, until the vulva is dilated, and the perineum retracts over the forehead, and the head slips out, preferably but not necessarily, between pains. During its passage the body is held up against the pubic arch, and both the shoulders and hips are made to pass *slowly* through the vulva. When, however, the membranes rupture before the vulva is two, or two and a half inches in diameter, I often find it necessary to interfere. I pull down the fourchette a little, just at and only at the beginning of each pain, in order that the occiput may ride over it instead of merely distending the parts below it. After the perineum becomes somewhat dilated or distended, I lay the palm of one hand upon the skin behind the anus (not over it or in front of it), in order to flex the foetal head by pressure upon the forehead, and at the same time keep the sub-occiput against the pubic arch, and thus secure a presentation of the smallest diameters at the outlet. With, at the same time, two or three fingers of the other hand over the occiput, and the thumb upon the sagittal suture (or else the thumb over the occiput, etc.) I get complete control of the head, and with control of the patient's actions, as I have already explained, am able to secure a very slight but safe advance with each pain, and a yielding of the soft parts without tearing. The perineum is protected rather than supported. This lingering of the head in the partly dilated vulva is, I am convinced, not only the safest, but it is the most natural and least painful method of safe delivery. The excruciating suffering connected with a rapid stretching of the perineum, and the fear of hurting herself, naturally causes her to shrink, and perhaps cry out, and thus avoid advancing the head much until the vulva gradually relaxes, the perineum retracts and the head slips out. A very common means adopted by nature for protecting the perineum from rupture is to throw the patient into a tremor,

resembling a severe chill, which prevents efficient voluntary efforts and prompt delivery, but saves the perineum. I am convinced that half the ruptures of the perineum that occur in young primiparæ and in multiparæ are due to the present universal but unnatural method of hurrying the patient through her suffering.—*Dr. H. T. Byford, in Courier-Record.—Archives of Gynecology.*

Drainage of Wounds by the Use of Horsehair.

The material may be horsehair, catgut, or rubber threads. The capillarity of a bundle of these materials is their chief advantage—an advantage, however, that is lost if the fluids to be drained are at all thick. Considerable personal experience, extending now over about ten years, leads me quite confidently to commend again the following method of combined tubular and capillary drainage. Before the wound is closed a fenestrated rubber tube, of suitable size, is placed in the wound, and alongside of it is laid a mesh of from five to ten strands of catgut or fifteen to thirty strands of horsehair. At the first dressing, at the end of twenty-four hours, the rubber tubing is carefully removed, and the horsehair left *in situ*. At the second dressing, on the fifth day, all the horsehair may be removed, or two or three strands left in place, to be removed at the next dressing, according to circumstances. The early removal of the tubing allows the surfaces to fall together, and so prevents the formation of any tubular sinus; and if the healing process is rapid, as is generally the case, fine granulations easily penetrate between the threads of the horsehair, which thus offer little obstruction to the union of the surfaces, and yet will conduct off any slight amount of wound-fluids.

The method of removal of the horsehair is important as a minor detail, but not a little conducive to the speediest healing of the wound. If removed in mass, the mesh of horsehair may tear apart, to some extent, the slightly united surfaces. Accordingly, after separating the matted thread at both ends of the mesh of hair, I always remove them singly, and with great gentleness. This avoids all pain, and, what is more important, does not in the least disturb any slender means of union between the surfaces of the wound. Two or three hairs may be left for two or three days longer, to drain the slight temporary sinus left by the removal of the rest of the mesh, but usually this is a needless precaution.

The horsehair could be introduced, of course, when the tubing is removed, instead of placing

it in the wound primarily, but this causes much pain, and, worse, it does mechanical violence to a wound already in the early stages of repair—a matter always to be deprecated to the utmost. So careful am I as to this detail that, after separating the matted hairs, I usually cut off the projecting threads at one end (excepting the few I intend to leave in place), so that their stiffness and the blood coagulated on the projecting ends shall do no violence to the interior of the wound while being withdrawn.

I have spoken chiefly of horsehair. If this be used, it should always be carefully washed with soap and water, then in turpentine, and, after thorough disinfection by a sublimate solution, should be kept in carbolized water till used. Care must also be taken that all short hairs are eliminated from the mesh.

The more absorbable forms of catgut I do not like, since they swell, soften early, and, being coarser than horsehair, their capillarity is less. The finer, chromic catgut, however, does not swell, is durable, and answers tolerably well. But even fine catgut is often harsh and stiff, and therefore, mechanically, much less well suited to attain our object than horsehair.—*Dr. Keen, in Medical Record.*

Diphtheria.

Dr. C. W. Earle presented the results of a study of the causes of diphtheria in localities remote from sewer-gas influence in the less thickly populated Western States and Territories. He had received communications from a large number of physicians widely scattered over this great region.

His conclusions are briefly summarized as follows:

1. Diphtheria occurs in the mountains and prairies of the great Northwest with the same malignancy as in the East.
2. And with equal virulence in vicinities remote from sewers.
3. When once introduced, the residents of damp sod houses suffer with marked severity.
4. The infection is transported thousands of miles in some unrecognized vehicle.
5. There is abundant testimony that it follows the lines of railroads and steamers, making it imperative to increase the watchfulness and improve the methods of disinfection by railroad and steamboat companies.
6. The desirability of legal enactments obliging people of all classes to recognize their responsibility in regard to the control of contagious disease.

Cesarean Section.

Sanger thinks that the cause of the greater American mortality is delay, and only trying the section when other operations have been unsuccessful. He lays stress on the following:

1. Antiseptic precautions as in other laparotomies.

2. The abdominal incision should be made through the linea alba over the middle of the fundus, about sixteen centimetres long.

3. It is not advisable to evert the unopened uterus, as it requires a large incision, except where the fœtus is dead or there are not sufficient assistants.

4. The elastic ligature is not to be used before the uterus is opened, as it endangers the life of the child, or may incarcerate parts of the child, so that it may have to be loosened at a time when the operator requires his hands for more important matters.

5. Open the uterus in situ, by a frontal median incision; cut through placenta, or push it to one side; extract child by the legs; if head is caught, extend incision upward, to prevent any downward laceration of the uterus. At same time, assistant is to press abdominal walls toward uterus to prevent prolapse of intestines or flow of fluid into the abdominal cavity.

6. The danger from hemorrhage is not so great as is commonly supposed. By pressure on the inferior segment, and by slight torsion or flexion of the uterus and broad ligaments, the bleeding can be much lessened. Do without elastic ligature if possible.

7. Care must be taken in regard to three points in suturing: 1. Accurate union of the incised surface of the uterus by numerous sutures, whereby a broad and close union is obtained. 2. Avoidance of suture-canals in the uterine cavity. 3. Especially careful union of the serous surfaces. Silk is preferred to silver wire, because silk can be absorbed. Excellent results can be obtained with catgut prepared in oil of juniper, chromic acid, or mercuric bichloride.

Arsenic Cancer.

Mr. Jonathan Hutchinson, after referring to the fact that Arsenic, when long used, may lead to the development of soft corns on the palms or soles, states that, in his belief, Arsenic may also produce, or at least be an exciting cause of epithelial cancer. Sir James Paget held the same view. This will be joyful news to our homœopathic brethren.—*Medical Record*.

Anti-Hydrophobia Inoculations.

The fact that individuals who have once passed through certain infectious diseases, or a mitigated form of them, are afterward not susceptible to the infection of these diseases, may be regarded as a strong evidence of the possibilities of such immunities being obtained by inoculation with the attenuated viruses of infectious diseases. While working in this line Pasteur brought forward the results of his inoculations against hydrophobia. Both his experiments and his results have aroused adverse criticism from those whose ignorance of the subject forbade any fair discussion of his methods or conclusions, as well as by those who presumably were competent to sit in judgment upon him; as a consequence the profession has been slow to accept his conclusions.

It would seem however, that the report of the English Commission appointed by Parliament to investigate the subject, composed as it was of the best English observers, must at once put at rest all doubts. This report is all the more interesting and valuable because it is the first that has been made by impartial and competent authority upon Pasteur's work. The report of the Commission declares that it is certain that Pasteur has discovered a method of protection against hydrophobia comparable to that given by vaccination against small-pox; and in their opinion it is "difficult to overestimate the importance of the discovery;" and that while not every case which he has treated has escaped, yet a large proportion of cases have been absolutely cured. The report of such a commission will not only give to Pasteur's researches and experiments an authority which they have not before had, but it will also give an impetus to similar investigations in other directions, for a method of inoculation is presented by his experiments by which it may be possible to prevent other diseases in man.—*Dr. A. L. Loomis, in the Medical Record*.

Cod-liver oil as an adjuvant in the treatment of phthisis is contra-indicated when it produces eructations or acid stomach. It should be given only when the patient thrives upon it. Administer a good, pure oil; use none of the emulsions. Alcohol, in the treatment of this disease, is merely a bridge. For a time it may improve the appetite and aid digestion, but, in the long run its action as a tissue destroyer will be felt. A phthisical patient should live in that climate in which he feels best.

NEWS FROM THE COLLEGES.

Philadelphia.

HAHNEMANN MEDICAL COLLEGE.

Prof. Goodno teaches that the pathology of pulmonary diseases is not nearly so clear as the books teach, *i. e.*, that the croupous variety has a catarrhal element, and the catarrhal likewise a croupous addition, and he also says that, as a rule, a person with a rapid phthisis (who has not a previously broken down constitution) has a better chance of recovery than the slowly developing case.

For the hectic of these acute cases he particularly recommends the Arseniate of quinine, from the use of which remedy he reports most marvelous results, and he speaks highly of the Iodide of arsenic in hectic of a more chronic case.

And while on the subject we feel like relating a case in point:—Early in the term Dr. Snader showed us a man (while demonstrating physical diagnosis), in whom we found evidence of phthisis quite marked, and who was so weak and anæmic as to be scarcely able to walk. The prognosis given was very grave, and the patient placed on the Arsenicum iodatum. None of the students ever expected to see the poor fellow again, but what was our surprise, two weeks ago, at his reappearance for treatment for a "cold." He reported a rapid improvement and had been working all winter. There was such a change for the better in his appearance that but few of the men who had taken part in his previous examination recognized him.

Prof. Mitchell gives the following causes for dystocia in the first stage of labor.

1. Hypertrophy or disease of the cervix, including fibroids, cancers, etc.
2. Cicatricial adhesions.
3. Over-distension of uterus, too large bag of waters, twins, etc.
4. Adhesion of the membranes around the internal os, of which he reports having found several cases.
5. Defective, short, cramp-like pains.
6. Premature rupture and *entire* drainage of the amniotic fluid.
7. Thickening of the os from œdema.
8. Spastic annular contraction.
9. Cervix out of the line of the axis of extension.
10. Deformity of the pelvis or the presentation of some part of the child that does not accurately fill the pelvis; as an arm, a leg, a shoulder, an occiput, posterior, etc.

11. Fæces in the rectum.

Prof. Betts prefers cane sugar to milk sugar for baby foods and says:—By its use there is less liability to the formation of lactic acid, it is sweeter, not so liable to cause constipation, as it increases the secretion of gastric and intestinal fluids and last, but by no means least, it is much cheaper.

Just here he reminded us that Dr. Hering used to teach that Argent. nit. was the remedy for children who were suffering from too much candy.

The following is a case Prof. Mohr cites which I think worthy of quoting.

Woman æt. 77 years, one year ago complained of a nodule in left breast, stony hard, the nipple retracted, pain exquisite, lancinating so as to prevent sleep and cause loss of appetite. She also complained of vertigo and was given Conium; under the action of which remedy the vertigo left, but the swelling continued till the size of a cocoanut, the axillary glands became hard and as large as an egg, the tumor, which was diagnosed a scirrhus cancer, then opened and ulcerated (having a cavity in which you could put your fist). The discharge was very offensive. Conium was continued and earth dressing used. On Dec. 19, the doctor was called for a burning and itching in the neighborhood of the ulcer of two days' duration. This spread till it covered all the space from the shoulder to the ilium and was diagnosed erysipelas. On account of the cachexia, inability to eat or drink, (although quite thirsty) bowels alternately constipated and diarrhetic, stools mostly watery, offensive and excoriating, and the restlessness at night, Arsenic 3x was given.

As the erysipelas disappeared, the axillary swelling went down and the breast ulceration gradually healed up and now all appearance of the cancer is gone, leaving only a cicatrix.

Query: Would it be justifiable to inoculate a cancer case with erysipelas?

I must do Prof. Mohr the justice to say that this query is not his.

Prof. Goodno reports three cases of croupous pneumonia aborted with Ferr. phos. after developing the crepitant rale and rust colored sputa. The disease went no further, but recovered by lysis, not by crisis, as is usual.

The remedies he suggests for first stage of this disease are Aconite, Bryonia and Ferr. phos., and indications are — "You rarely find a case sthenic enough for Aconite. If there is a pleurisy concomitant give Bryonia, otherwise give Ferrum phos."

Minneapolis.**HOMŒOPATHIC MEDICAL COLLEGE.**

Prof. Ricker says: Bad water, impure air, and filth will not produce diphtheria, any more than they will produce small pox; but they will harbor its specific germs, and assist the disease in maintaining itself in the neighborhood. There is no question in my mind but the disease is often transmitted by thermometers. The use of this instrument in the mouth is therefore not only disgusting but dangerous. The internal use of alcohol has not seemed beneficial in my experience, although its local use in the form of spray or gargle has yielded good results. I have obtained better results from Arsenic than any other remedy. It suits the epidemic form, with nausea, restlessness, somnolence, anæmia, or septicæmia. For paralysis following diphtheria I have found nothing equal to Gelsemium. Asthmatic patients do not die during a paroxysm. Just at the point where death seems imminent the spasmodic action ceases and the patient revives. Ipecac probably relieves more promptly than any other remedy.

Prof. Leonard says: When it is desirable to prolong the life of a dying person until expected friends arrive, or for some other purpose, it may often be done by frequent small doses of Glonoine. While a member of the House Staff of Ward's Island Hospital an excellent opportunity was afforded me of observing the relative merits of Carbolic acid and Calendula for surgical dressings. The surgical wards contained about 150 patients of all ages, both sexes, and a great variety of ailments. For six months Carbolic acid was used almost exclusively as a dressing. During the next six months it was banished from the wards, and Calendula used in its stead. The results were very perceptibly better under the Calendula treatment.

Among the many important uses of Arsenic is the dyspepsia of tobacco chewers—a trouble you will frequently meet. The tendency toward imbecility in chorea, and in wasting diseases, has been arrested by the exhibition of Tarantula, and also by Agaricus. In using Apis it is well to remember that it does not act as quickly as other animal poisons.

Prof. Matchan says: In dressing fractures use splints made to fit the fractured limb, instead of trying to make the limb fit a patent splint. The dressings must be varied to suit the peculiarities of each individual case; and a man who has no mechanical ingenuity cannot hope to become a good surgeon.

In operating for cancer of the breast always remove the whole gland, even though the cancer be small. If the axillary glands are enlarged they should also be removed. We can build up the system, control hemorrhage, and in many ways modify the symptoms of cancer, but I do not be-

lieve remedies have any effect upon the cancer poison.

Some very successful surgeons are discarding extension in the treatment of fractures, and I have seen perfect results without its use in fracture of the femur. The fragments being co-apted, the limb put at rest in a natural and easy position, and perfectly fitted splints applied, the irritability of the muscles soon subsides, and there is no indication for extension.

Boston.**UNIVERSITY SCHOOL OF MEDICINE.**

Prof. J. H. Smith recommends warmly Gilliford's solution of Arsenite of bromine in cases of diabetes for the removal of sugar from the urine; 5 to 8 drops three times a day gives excellent results.

Dr. Smith also uses the following in cases of agonizing colic from gravel or calculi in the kidneys: Dissolve $\frac{1}{2}$ gr. of Morphia in a tablespoonful of coffee and administer; this will quiet the patient; now follow with Lycopodium.

Prof. Walter Wesselhøft for the benefit of the senior class, recently reported an extremely interesting case of locked twins, which came under his care in private practice.

The side of the head of the upper child was locked into the nape of the neck of the first child, which appeared as a footling presentation. Delivery of both was effected by application of forceps to the head of the unborn child. Both heads flattened sufficiently to admit of successful delivery.

Prof. H. C. Ahlborn in a lecture on pyelitis gave the following: As soon as pyelitis is diagnosed from the presence of pus in the urine, administer Hepar sulph.; dose: 3 grs. of 2x or 3x every two hours. This will be found to convert the unhealthy to healthy pus. If the secretion of pus is abundant and marked pain in the region of the kidney, the patient will be relieved by a hot bath of eight minutes' duration, followed by thorough drying of the parts by rubbing. Copious draughts of equal parts of lime-water and milk, a quart at a time, if possible, are excellent, assisting to diminish the discharge of pus, and washing out the tubuli.

Dr. Alonzo Boothby recently performed a very difficult operation at the Massachusetts Homœopathic Hospital. The operation was total extirpation of the uterus, and was rendered very difficult by extensive adhesions to the bladder, the breaking up of which required much care and skill.

Chicago.

HOMŒOPATHIC MEDICAL COLLEGE.

Prof. Mitchell says: The benefit derived from the use of the pneumatic cabinet in cases of asthma is but transient. More can be accomplished with internal remedies.

Local applications to the chest, often repeated, and hot as the patient can bear, should be used in the treatment of pneumonia. Administer faithfully the indicated remedy.

Prof. Bebee, says the more he uses plaster-of-Paris bandages in cases of fracture, the more is he pleased with them. If swelling has not taken place he applies, at once, the permanent plaster cast. In case much swelling is present, he applies a temporary dressing till it is reduced.

Treatment for hydrocele: First withdraw the fluid; then inject 15 minims of 95 per cent Carbolic acid. This sets up an inflammation which heals by first intention, the patient not necessarily being laid up a day.

The following points are from Prof. Streeter's lectures.

After the removal of the ovaries, menstruation may continue. Nature has been forced, and it takes a long time for her to overcome the "habit."

In treating a puerperal woman, do not allow her to remain too long in one position. An antiseptic injection should be used once or twice a day. Guard against contagion by nurse or physician. No nurse must be had who has been near a zymosis. The physician must be exceptionally careful: nails must be clean, hands washed in antiseptic solution, the finger lubricated with a disinfectant material, the hair and beard should be shampooed also. The instruments should be washed in a bichloride of Mercury solution, 1:1000 or 1:2000 or in Carbolic acid, 1 part in 40.

In using an injection do not distend the uterus with water, but have it so arranged that the water can escape. A soft rubber catheter by the side of the nozzle of the syringe is a good way for drainage. Use from a pint to half a gallon of water at a time.—*Prof. Streeter.*

Ulcers may be touched with a solution of 60 grains of Carbolic acid in an ounce of Glycerine.

The second annual commencement of the Minnesota Homœopathic Medical College will be held on Monday, April 2, at the First Baptist Church. Rev. Dr. Burrell will be the orator of the occasion.

HOSPITAL NOTES.

COOK COUNTY HOSPITAL.

An old colored woman recently came to the hospital, claiming to be 103 years of age. She presented no particular symptoms except those of senility, but physical examination revealed a nodular mass in the epigastrium. She died shortly after her admission.

At the autopsy, carcinoma of the pylorus without stenosis, and secondary deposits in the liver were found, also 140 biliary calculi of various sizes. She did not claim to have been "Washington's nurse"; only to have fed his horse.

The following is the method of treating fractures of the femur in the hospital. The limb is carefully shaved, and adhesive strips applied to within an inch of the point of fracture (and held by a roller bandage), to which three or four bricks are attached. In this condition and in a blanket splint the limb remains until the shortening is overcome, say 36 to 48 hours. Now the limb is carefully padded with cotton from the foot up to the body; two pieces of Russian felt or heavy card-board reaching below the knees, one anterior, the other posterior, are firmly bound to the limb over the point of fracture; the body is well padded with cotton. Liston's long splint well padded is now bound firmly to the body from the foot to near the axilla. Bandages of plaster-of-Paris are applied covering the entire limb and body; and over this starch bandages. The foot of the bed is elevated, and extension maintained with the bricks. In five or six weeks the dressings are removed. Results always satisfactory.

For fracture of the tibia, fibula, or both, the plaster-of-Paris cast is always used; that is, when there is no shortening in fracture of both bones. The limb is well padded from the toes to four inches above the knee, giving the heel and knee a little extra padding. Over this the roller bandage is snugly applied and over this two layers of plaster bandages and one of starch. After applying the first layer of plaster two strips of tin, an inch wide and the length of the cast, one anterior, the other posterior, are then put in place and held by the second layer of plaster bandages. These dressings are always comfortable to the patient; no dressing is satisfactory that is not. These are removed in three or four weeks.

In compound fractures all the debris is carefully cleared away and the wound and limb are well irrigated with bichloride of mercury solution 1:4000. Into the wound a solution of Iodoform and Ether (1 to 6) is injected. The dressing

consists of sublimated gauze, four layers. Between these a layer of borated cotton. If the fracture is of the leg, this dressing is to extend from the toes to four inches above the knee. Over this the plaster cast as above described is applied. This is to remain from four to five weeks if no rise of temperature.

Case recently admitted for necrosis of the bones of the foot. The leg was amputated at the junction of the middle and lower third. No fibula was found. The tibia was larger than normal.

Apomorphia 6x gave relief in a case where everything eaten would immediately come up, apparently without any effort on the part of the patient.

Last week three successive autopsies in the morgue revealed aneurism of the thoracic aorta.

A young woman aged 20; never menstruated. Examination revealed atresia hymenalis. This was incised and the ostium vaginae dilated by Dr. Streeter, the attending gynecologist; about two quarts of dark blood were discharged. The patient was douched every six hours with a solution of Mercuric bichloride, 1:8,000 for a week. She is now convalescent.

In the note in last ERA, where it speaks of the preparation of sublimated gauze, it should read Merc. bichloride, one *dr.*, instead of one *oz.*

THE MEDICAL ERA takes pleasure in making the announcement that the Board of County Commissioners have ordered an increase in the number of patients to be assigned to the Homœopathic wards in Cook County Hospital, and also an addition to our staff of *internes*.

Dear Editors:—

In the last issue of your journal is a supposed quotation from Dr. Sam. O. L. Potter, giving his reasons, for "abandoning homœopathy." Is it an acknowledged fact that he ever adopted homœopathy? Is it not generally believed that he never was a success as a practitioner in any school? What evidence has he left that he ever knew the first principles of our school? He saw an opportunity to make a book, and to sell it was willing to play Jew for a time, because he thought there was money in it. Then for a position he was willing to put on his old coat again — a sort of Carl Schurz man — will work for the party that will pay him the most money! Let him go!

HOMEO.

CORRESPONDENCE.

Alcohol in Diphtheria.

NASHVILLE, TENN., MARCH 22, 1888.

To the Editor of the Medical Era:—

I have been interested in the discussion of the "Alcohol in Diphtheria" question.

If you will refer to my son, Dr. W. C. Dake's monograph on diphtheria, you will see that we have used that article for 20 years and more, not as "food," but as *medicine*, in that affection.

It cannot be regarded as a specific, but as a very important remedy in diphtheria.

Yours very truly,

J. P. DAKE, M.D.

WARSAW, N. Y., MARCH 20, 1888.

To the Editor of the Medical Era:—

It is with great pleasure that I have read the various articles in your much appreciated journal on the use of alcohol in the treatment of diphtheria. As you have invited reports, I will briefly relate an experience I had in an epidemic of malignant diphtheria some eight years ago. At first I exhibited the usual remedies without the use of whisky, and I lost about half my cases. I then began using alcohol as a gargle and internally, giving two drachms of whisky once in two hours, with beneficial results but not good enough to satisfy me. I then increased the quantity of whisky until I gave an ounce every half hour. To one family of six, ages from 8 to 20 years, during their sickness I gave them, in the aggregate, five gallons of whisky. They all made good recoveries. A young lady about 24 years old came under my care. I gave her one ounce of whisky, in as much water, every half hour. One evening I noticed that she was growing worse; that night she took one ounce of alcohol in as much water every half hour. In the morning I found the tide had turned, she was improving. I continued the alcohol in less quantity, more diluted. She made a good recovery. The remedies I gave during the last two-thirds of the epidemic were Mercurius cyanide, from the 3x to the 30x, Baptisia tr., Arsenicum, 3x and Belladonna 3x. For the gargle I used one quarter alcohol and three quarters water, and with this treatment I saved most every one of my cases. I now carry the use of alcohol to the verge of intoxication in each case, whether it be child or an adult.

Fraternally yours,

CHAS. C. CURTIS, M.D.

ANNOUNCEMENTS.

The American Institute Session.—Preliminary Notice.

The American Institute of Homœopathy will convene in its forty-first session at the International Hotel, Niagara Falls, New York, Monday evening, June 25th and closing Friday, June 29th.

Hotel accommodations will be ample, and railroad rates reduced.

Members having papers should report titles to appropriate bureau chairman at once. Papers likely to consume more than fifteen minutes in reading must be accompanied by an abstract.

Requests for statistical information sent out by Dr. T. F. Smith, of New York, should be responded to *without the usual delay*.

Each state or inter-state society is entitled to be represented at the session by two delegates and one additional delegate for every twenty members; each county or local society by one delegate; each hospital, asylum, dispensary and journal one delegate; each college two delegates, to constitute the Inter-collegiate Committee of the Institute. It is not necessary that delegates be members of the Institute, but they are entitled to all the privileges of membership except voting and eligibility to office.

The terms of membership are: Initiation fee \$2.00; annual dues \$5.00. Blank applications for membership may be obtained by addressing the undersigned.

The General Secretary's Circular, including the entire programme, will be issued some three weeks prior to the session. Full details will be furnished to all the homœopathic journals in time for publication in their June issues.

PEMBERTON DUDLEY, M.D., Gen. Sec.

S. W. Cor. 15th & Master Streets, Philadelphia, Pa.

THE DAKOTA HOMŒOPATHIC MEDICAL ASSOCIATION will meet at Redfield, Dakota, June 4 and 5, 1888. E. W. Murray, M.D., Secretary.

THE HAHNEMANN MEDICAL ASSOCIATION OF IOWA will meet at Iowa City, May 22, 23 and 24, 1888. Geo. Boyd, M.D., Secretary, Des Moines, Iowa.

THE NEBRASKA STATE HOMŒOPATHIC MEDICAL SOCIETY will meet at Lincoln, May 8, 9 and 10, 1888. F. W. Winter, M.D., Secretary, Wymore, Neb.

THE WESTERN ACADEMY OF HOMŒOPATHY will meet in Chicago; May 29, 30 and 31, 1888. C. J. Burger, M. D., General Secretary, Booneville, Mo.

THE ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION will meet in Chicago, May 15, 16 and 17, 1888. Curtis M. Beebe, M.D., Secretary, 27 South Ashland Ave., Chicago.

THE ALUMNI of the Pulte Medical College held a reunion at the Gibson House, Cincinnati, Feb. 29, 1888.

PERSONALS.

Dr. E. K. Thompson has located at Hutchinson, Kas.

Dr. J. W. Streeter has bought a new residence at the corner of 20th St. and Prairie Av.

Dr. Amy G. Bowen, (Hahnemann, San Francisco, '87), is attending the New York Polyclinic.

Dr. A. M. Countryman, (Pulte, '81), is attending the New York Post-Graduate Medical School and Hospital.

Dr. Florence N. Saltonstall (Hahnemann, San Francisco, '87), is taking a course at the New York Polyclinic.

Dr. C. A. Pauly, (Pulte, '87), is attending a course at the New York Post-Graduate Medical School and Hospital.

Dr. Clifford Mitchell has moved his office and laboratory to the Bay State Building. Rooms 614 and 615, opposite Central Music Hall.

Dr. E. E. Hale, of Newtonville, Mass., has received an appointment to the position of resident physician in the Massachusetts Homœopathic Hospital, Boston.

Dr. William Tod Helmuth entertained the faculty and graduating class of the N. Y. College at his elegant residence on Madison Avenue, Saturday eve., Mar. 24th.

Dr. R. E. Hinman (N. Y. Hom. Med., '88), the retiring editor of the *Chironian*, will be succeeded by C. P. Opdyke, '89. The journal has passed through one of its most successful years.

Dr. G. H. Martin (Boston University, '81), the predecessor of Dr. F. R. Day, at Honolulu, is attending a special course at the New York Post-Graduate Medical School and Hospital. Dr. Martin has been appointed Professor of Clinical Medicine in the Hahnemann Medical College, San Francisco, and will begin his duties at the opening of that school in May.

THE MISSOURI INSTITUTE OF HOMŒOPATHY will meet at Kansas City, Mo., April 24, 25, 26, 1888. Moses T. Runnels, M.D., General Secretary, 8 East 6th St., Kansas City.

THE EASTERN OHIO HOMŒOPATHIC MEDICAL SOCIETY will meet at Youngstown, April 18, 1888. A. S. Hayden, M.D., Secretary, Columbiana, Ohio.

THE HOMŒOPATHIC MEDICAL SOCIETY OF WISCONSIN will meet at Milwaukee, May 23, 24, 1888. Jos. Lewis, M.D., Secretary.

THE twelfth annual meeting of the California State Homœopathic Medical Society will be held at the Hahnemann Medical College Building, San Francisco, May 13th, 1888.

Helmuth House.

HELMUTH HOUSE.—At No. 41 East 12th St., New York, is one of the neatest little hospitals in this country. Its appointments are perfect, it is scrupulously neat, and exquisitely antiseptic. It may serve as a model for many another institution. Although this is a private enterprise, yet the entire profession should congratulate Prof. Helmuth on his success.

It is to the credit of our school that its leading surgeon should be able to show an institution of a kind that has heretofore been the peculiar property of the worshippers of tradition.

Prof. Helmuth receives patients from all parts of the country, and all his rooms are occupied most of the season. At the present time he has cases of recto-vaginal fistula, perimetritis, amputation of the breast, ovariectomy, nephrectomy, extrophy of the bladder, varicocele, ovariectomy, pelvic abscess, lacerated cervix, enlarged prostate, amputation of the tongue, and inguinal hernia.

Prof. Helmuth employs all the antiseptic methods belonging to modern surgery, and this, together with the surgical skill for which he is so well known, gives results which compare favorably with those of the best institutions in this country or abroad.

The Laura Franklin Free Hospital for Children.

An institution that is endowed in perpetuity is in a most enviable condition indeed. But this is not the only merit enjoyed by the Laura Franklin Hospital of New York. It possesses a handsome building, with first-class appointments in all its parts. It is finished throughout in hardwood, the wards are light and airy, and furnished with numerous cribs, containing many sick children.

The mortality-rate for the first year was but 4.22 per cent, a fact which speaks well for the mode of treatment which they receive. To give a list of the attending staff would be to name many of New York's most eminent physicians. Thus it stands as a memorial to the one for whom it was named, and as a monument to that system of medicine which has made so many triumphs in the treatment of the diseases of children.

New York Post-Graduate Medical School and Hospital.

This institution, now in its sixth year, is the leading post-graduate school of this country, and, since its opening, has been resorted to by over eight hundred physicians, who have taken advantage of its unusually fine facilities for instruction. Its hospital facilities are ample, while its dispensary is overcrowded with cases—many of them typical—of all forms of disease. The method of instruction is, in the main, clinical, though laboratory work and post-mortem demonstrations in pathology and pathological anatomy form a part of the course.

The names of those who make up its faculty are as familiar as household words to the entire medical profession, not only of this country, but, many of them, of Europe. By their efforts they are rendering it less and less necessary for American students to go abroad in order to avail themselves of the latest and best in medical science. The representative nature of those who make up its faculty will be appreciated on reading the following list:

William A. Hammond, M.D.
D. B. St. John Roosa, M.D.
Frederic R. Sturgis, M.D.
Thos. E. Satterthwaite, M.D.
Charles L. Dana, M.D.
Andrew H. Smith, M.D.
William Oliver Moore, M.D.
Ambrose L. Ranney, M.D.
Bache McE. Emmet, M.D.
Edward Kershner, M.D., U.S.N.
William H. Porter, M.D.
Geo. Henry Fox, M.D.
Stephen S. Burt, M.D.
Seneca D. Powell, M.D.
C. A. Von Ramdohr, M.D.
Horace T. Hanks, M.D.
Lewis S. Pilcher, M.D.
Clarence C. Rice, M.D.
Chas. Carroll Lee, M.D.
Graeme M. Hammond, M.D.
J. R. Nilsen, M.D.
George B. Fowler, M.D.
Robert Abbe, M.D.
A. M. Phelps, M.D.
Henry D. Chapin, M.D.
A. F. Buchler, M.D.
J. B. Emerson, M.D.

G. R. Elliott, M.D.
Francis Valk, M.D.
Chas. H. Brown, M.D.
Wm. M. Leszynsky, M.D.
William A. Dayton, M.D.
H. B. McCarroll, M.D.
Samuel Lloyd, M.D.
R. W. Wilcox, M.D.
F. B. Carpenter, M.D.
A. F. Carrier, M.D.
G. G. Van Schaick, M.D.
J. K. Crook, M.D.
Jos. O'Dwyer, M.D.
Chas. K. Briddon, M.D.
E. B. Ramsdell, M.D.
A. P. Dudley, M.D.
Daniel Lewis, M.D.
Robt. Bancker Talbot, M.D.
W. A. Shufelt, M.D.
O. B. Douglas, M.D.
Wendell C. Phillips, M.D.
H. A. Mandeville, M.D.
H. Draper Speakman, M.D.
G. Dalton Hays, M.D.
H. B. Scott, M.D., U.S.N.
J. H. Girdner, M.D.

Whether or not they ever expect to attend, we advise our readers to send a postal-card asking for a copy of the latest annual announcement. Address:

CLARENCE C. RICE, M.D., Secretary,
224 East 20th St.,
New York City.

Very Reticent.

"And so your dear husband has gone to heaven?"

"Well, I can't say positively as to that. He did not let on where he was going. He was always a very reticent man."

A FAMILIAR NAME.—Few names have become so familiar to the profession as that of "Lactated Food," a preparation of high nutritive value and easy of assimilation. It contains no cane sugar, the basis being sugar-of-milk. For the summer season it offers special advantages, for it will often solve the important problem of finding a food that will agree with a sick baby. (See page xvii.)

A. DISCOVERY IN ANATOMY.—A Boston physician, Dr. W. S. Bryant, has discovered the existence of valves in the portal and mesenteric veins during infant life. They disappear as the child grows.

CORRECTION:—in the formula for Esbach's solution given in Dr. Clifford Mitchell's article in the last ERA (March, 1888,) instead of "picric acid, 19 grams," read "picric acid, 10 grams (155 grains)."

VISITING LIST. A perpetual Visiting List has been made by Gross & Delbridge, which is the best thing in the market. The price is only fifty cents, and it is worth more than those which sell for three times the amount.

WILLIAM MURRELL, M.D., in a lecture delivered at Westminster Hospital, London, said that the best Pepsin that he had tested was "Fairchild's." This is valuable and unsolicited testimony.

"**ROBINSON'S LIME JUICE AND PEPSIN**" is an excellent remedy in the gastric derangements particularly prevalent at this season. It is superior as a digestive agent to many other similar goods. (See page X., this issue).

The *Annals of Surgery*, the only English journal published devoted exclusively to Surgery, enters now upon its fourth year. Drs. L. S. Pilcher of Brooklyn, N. Y., and C. B. Keetley of London, England, are the chief editors, assisted by most all the able surgeons of this country as well as Europe, which is sufficient guarantee of the literary merits. We bespeak for it the co-operation of the members of the profession who are interested in progressive surgery. J. H. Chambers & Co., St. Louis, Mo., are the publishers, and deserve great credit for undertaking to produce such an important journal as *Annals*, and for its artistic execution.

The *March Century* contains several features of romantic interest. First in uniqueness, perhaps, is Mr. Kennan's continuation of his revelations in regard to the Russian state prisons, the details of which are remarkable for interest and bear every evidence of authenticity.

SCRIBNER'S for March is a number of unusual interest. This magazine has attained to a place equal to any in the country.

D. APPLETON & Co. have in press, soon to be issued, *The Applied Anatomy of the Nervous System*, by Ambrose L. Ranney, M.D. Profusely illustrated. Second edition, revised and enlarged. Also,

The Language of Medicine, by F. R. Campbell, A.M., M.D., giving the origin, etymology, pronunciation of technical terms found in medicine. Also,

A Text-Book on the Diseases of Women. By Alexander J. C. Skene, M.D. Illustrated with over 200 fine engravings.

BOOK REVIEWS.

PHOTOGRAPHIC ILLUSTRATIONS OF SKIN DISEASES.

A complete work on Dermatology. Atlas and Text-book combined, by George Henry Fox, A.M., M.D., Clinical Professor of Diseases of the Skin, College of Physicians and Surgeons, New York. Second edition, enlarged and improved. New York: E. B. Treat. 1888.

It is now eight years since the first edition of this admirable work was issued, and in that time it has taken its place as the standard work on skin diseases. In addition to the text of the work, which is very full and complete, especial value is given to it by the photographic illustrations of diseases of the skin. These photographs bring to the physician's eye, in a most vivid manner, the clinical appearance of the various skin diseases, aiding greatly in diagnosis.

The work will be complete in twelve monthly parts, each part consisting of four plates, comprising from six to ten cases, printed from the original photographic negatives, by the artotype (a new and indelible) process, on the finest quality of heavy cardboard, 10x12 inches, colored by hand, giving in each case the characteristic and life-like effects of the disease. Each plate will be accompanied by four or more pages of text.

ON A NEW TREATMENT OF CHRONIC METRITIS.

With Intra-uterine Chemical Galvano-cauterizations. By Dr. Georges Apostoli, Member of the Society of Medicine of Paris. Translated by A. Laphorn Smith, B.A., M.D. Detroit: Geo. S. Davis. 1888.

The translator of this book went to Paris for the purpose of placing himself under Apostoli's instructions. He says: "I saw results which were slow in coming and difficult to obtain by other methods, follow with almost mathematical certainty from his treatment. While other cases, which were being treated successfully, it is true, but with great risk and danger, and sometimes with a high death rate, by means of the knife and curette, were equally amenable to Apostoli's gentle, harmless, and nearly always painless method."

The profession is already somewhat familiar with Apostoli's treatment, but as yet there has been no systematic work on the subject. Geo. S. Davis has, therefore, done good service in presenting a translation of Apostoli's work, which should be owned by every physician who wishes to become possessed of the latest, and, as accounts go, the best method of treating chronic diseases of the womb.

THE MORE EXCELLENT WAY IN THE PRACTICE OF MEDICINE. By John Clemensen Day, M.D. (Lond.) London; E. Gould & Son. 1888.

Here is most interesting reading. It is the old, old story, but told in a delightfully original manner. Dr. Day was a member of the traditional school, and trained in traditional methods, with which he became thoroughly disgusted. A new light flashed on him, and, like the three wise men, he followed it. That light was *similia*. He became a convert to the new method, and is now confirmed in the faith.

This excellent little work bears a lesson with it. That lesson is that the true spirit of homœopathy is as active to-day as it was when our own Holcombe wrote "How I Became a Homœopath." And, moreover, Dr. Day's closing words contain the best answer to Dr. Mack's interrogative title. Dr. Day concludes by saying—"The stability of the law is assured, for it rests on the firm foundation of eternal truth."

CONTRIBUTIONS TO THE STUDY OF THE HEART AND LUNGS. By James R. Leaming, M.D., Emeritus Professor of Diseases of the Chest and Physical Diagnosis in the New York Polyclinic. New York: E. B. Treat. 1888. (\$2.75.)

While there is much in this work that will repay perusal, yet, as a whole, it is too fragmentary for general use. Dr. Leaming is capable of giving the profession an excellent systematic treatise, and it would be better had he done so. The chapter dealing with the bacillus tuberculosis, especially, should have been rewritten. The causative relation of the bacillus to phthisis cannot be so easily disposed of. Dr. Semmola, at the Washington Congress, was compelled to except this when making his sweeping statement regarding the present limits of our knowledge of the disease-producing agency of bacteria. The book is good "in spots."

SIMILIA SIMILIBUS CURANTUR? Addressed to the Medical Profession. By Charles S. Mack, M.D. Boston and Providence: Otis Clapp & Son. 1888.

It is hard to see why this book was ever written, and still harder to see why it was ever published. While it may be true that it is "better to debate a question without settling it, than to settle a question without debate," yet it is equally true that it is not worth while to debate a question at all (in print) unless one can add something, be it ever so little, to its elucidation. But in this our author has failed. He begins nowhere and he ends nowhere. When science bor-

rows the weapons of theology both are reduced to an absurdity.

SPECIFIC MEDICATION AND SPECIFIC MEDICINE.

Fourth Revision, with an Appendix and a Report of Cases Illustrating Specific Medication. By John M. Scudder, M.D., Professor of the Principles and Practice of Medicine in the Eclectic Medical Institute, etc. Twelfth Edition. Cincinnati: John M. Scudder, 1888.

A twelfth edition generally speaks for itself. But in presenting this book to our readers an introduction is necessary. The first thing that strikes us in examining it is the frequency with which reference is made to homœopathic remedies. But, unlike the allopaths, Dr. Scudder in every instance gives due credit. The slight amount of attention given to many remedies is noteworthy. Phosphorus, to which Richard Hughes devotes many pages, is disposed of in eighteen lines; the same may be said of Bryonia and others. But the tendency is all in the right direction; that is, to specific medication, to the giving of curative doses, and the avoidance of heavy drugging and harsh medication.

THE HOMŒOPATHIC THERAPEUTICS OF RHEUMATISM AND KINDRED DISEASES. By D. C. Perkins, M.D. Philadelphia: T. E. Boericke, 1888.

Since Bell wrote his now famous hand-book on "Diarrhœa and Dysentery," he has had a hundred imitators. It is the same old plan:—The would-be author chooses his subject, taking some familiar disease; he then makes an alphabetical list of remedies, in number anywhere from one hundred to three hundred; he then compiles symptoms from numerous works on materia medica, arranges his rubric, makes a repertory, and, lo! there is another book. But, *cui bono*? Can we be sure that it is always reliable? Our author says:

This work, while resulting from the author's twenty years of constant study, and the treatment of those complaints termed rheumatic, is necessarily compiled from other sources.

Ah! There's the rub! Are the "other sources" reliable? Can our author recommend Psorinum with any great degree of confidence? He frankly admits that "records of clinical experience with Bufo are wanting." Can he make any greater claim for many of the other one hundred and five remedies represented?

The book, notwithstanding the criticism made, will doubtless prove very useful, but future bibliographers should learn that what homœopathic materia medica most needs is not greater quantity, but greater accuracy.

THEY SAY

THAT it blew furiously.

THAT it snowed vigorously.

THAT it was a big blizzard.

THAT the drifts were enormous.

THAT California is called the "one-lung country."

THAT after the fourteenth year one doubles in weight.

THAT *fecal anæmia* is the latest new name for a disease.

THAT the weight of a child to the mother is about 1:19.13.

THAT the most rapid growth of one's life is made in the first year.

THAT morphine taken by a nursing woman generally affects her child.

THAT many men are homeless, but some men are home less than others.

THAT no one ever saw a bald-headed consumptive, or a bald-headed tramp.

THAT in New York State the death penalty is to be administered by electricity.

THAT the weight of the child generally increases with the number of pregnancies.

THAT at full maturity one's weight is about twenty-four times what it was at birth.

THAT a medical college in the City of Mexico has had its first woman graduate.

THAT in the milk-diet treatment of diabetes only skimmed milk should be used.

THAT from birth to the age of fourteen one increases in weight about twelve-fold.

THAT during intra-uterine life the *fœtus* increases its weight about one million times.

THAT one part of *saccharin* will impart a sweet taste to over ten thousand parts of water.

THAT tube-casts cannot be found in alkaline urine, no matter what renal lesion exists.

THAT in the early stages of renal cancer, *hematuria* may be the only noticeable symptom.

THAT as regards *homœopathy*, experience confirms the practice; it does *not* point the way.

THAT *glycerine* makes a good enema to produce action of the bowels; use two or three teaspoonfuls.

THAT there is now a record of eighty cases of *pneumotony*, with forty-three cures and thirty-seven deaths.

THAT quantitative analysis of the constituents of urine is far superior to qualitative in the information it reveals.

THAT iodide of potassium taken by a nursing woman is always found in the urine of her child within a few hours.

THAT in *hematuria* obscure in origin and seemingly causeless some new growth is often at the bottom of the matter.

THAT three-quarters of child-bearing women have a rupture of the perineum of some degree, one-half of them being slight.

THAT troublesome attacks of sneezing may sometimes be stopped by smearing the nostrils with *vaseline*; it often works like a charm.

THAT in *puerperal nephritis* calculation of the total amount of solids in the urine is more important than mere testing for albumin.

THAT a woman had convulsions in whose urine only one-sixtieth of one per cent (by weight) of albumin had been found during pregnancy.

THAT a patient apparently dead, from collapse following child-birth, was resuscitated by a subcutaneous injection of a solution of *nitro-glycerine*.

THAT the weight of the new-born child generally decreases for two or three days; it then increases, and reaches the original weight in five to ten days.

THAT a boy weighs more than a girl up to the tenth year or twelfth year, then the girl weighs more to the fifteenth or sixteenth year, when the boy again takes the lead.

THAT one of the squaws belonging to Buffalo Bill's outfit in London has gone through her *accouchement*, and produced the first American Indian ever born in England.

THAT when urine is sometimes clear and normal but at other times contains pus, occasional blocking by a renal calculus of the ureter which leads from a diseased kidney is indicated.

THAT the immediate cause of *cholera infantum* is the putrefactive changes which take place in the stomach and bowels in food not digested, which changes are often begun outside the body.

THAT water analyses have been made on English ships for the past ten years, but water reported pure and clean chemically has been known to have produced most violent and fatal epidemics.

THAT a spider in Decatur, Ga., builds a new web every morning, and weaves in letters spelling the day of the week, Sunday, Monday, etc. You can believe this story or not, just as you please.

THAT when there is a dangerous condition, involving the kidneys, in pregnant women, the amount of *albuminuria* may be very slight, but the urinary solids will always be found much diminished.

THE MEDICAL ERA

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No. 5.

EDITORS:

CH. GATCHELL, M.D.

JAMES E. GROSS, M.D.

THE ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION.

The coming meeting of this association promises to be well attended, and to enlist the best efforts of the representative physicians of the State. There will be a sufficient number of carefully prepared papers to prove instructive, and to elicit discussion. The arrangements for the accommodation of members, and for the holding of the meetings, are such as to guarantee satisfaction. Several features of special interest have been provided, and we feel justified in extending to every member of our school in the State a most earnest invitation to grace the meeting with his presence.

ANOTHER MOXIE.

A medical meteor has flashed across the sky. Some designing scamp got up a decoction, having morphine as its basis, calculated on being taken to make people "feel good." It was advertised far and wide as a great tonic invigorator, and especially recommended as an antidote for the opium habit.

People drank it, and it did make them "feel good." Opium *habitues* took it, and found that they could dispense with their former dose, for this supplied them with precisely the same thing. Finally, the analytical chemists got hold of it and made public a report of its constituents, and it was found that the people had been fed on morphine in considerable quantity. The bubble burst. No longer are the papers

ornamented with pictorial advertisements of "Scotch Oats Essence," and someone has lost considerable money.

The lesson which this should, but will not, convey, is that people should take nothing of the kind unless they know what it contains, and in order to do so they should take nothing that is not prescribed by a (homœopathic) physician. Then they will escape drugging of all kinds. They should remember the story of the gentleman who was suddenly taken ill at a hotel. An officious stranger urged the sick man to take some of "Dr. Balsam's Magic Tonic." The patient positively declined. "Won't you?" urged the stranger. "Not much!" replied the patient; "I know what's in it. I am Dr. Balsam, myself."

COOK COUNTY HOSPITAL.

Brief allusion has been made to the fact that the Homœopathic Department of Cook County Hospital has been granted an increase of patients and *internes*. Heretofore, every fourth surgical, and every fifth medical, obstetric and gynecological case, was assigned to the homœopaths. Under the new apportionment, one-fourth of all cases are so assigned. In addition, we now have four *internes* instead of three.

The record of the Department is still such as to create favorable comment.

THANKS!

We beg leave to extend our most sincere thanks to the editor of our *American Satellite* for the frantic efforts he is making to help us edit this journal.

RECENT INVENTIONS.

PORTER'S VEST-POCKET SURGICAL CASE.*Editor of the Medical Era:—*

Economy of pocket space being an important factor in a physician's make-up, it is necessary to condense his appliances and, if possible, employ only such articles as will meet the demand and at the same time occupy but little room. With this in view I had constructed a pocket surgical case on the lilliputian order which fur-



[Porter's Vest Pocket Surgical Case.]

nishes the practitioner all the instruments ordinarily required in "emergency cases." Having exhibited the case to some of my friends, they expressed a desire to have it placed on the market for sale. Geo. Tiemann & Co., of New York, were instructed to make a number, and so well pleased were they with the demand that they wished to have the case properly placed before the profession and be permitted to name the case after myself. The case is only $2\frac{1}{2}$ inches in length by $1\frac{1}{2}$ in width, with but one fold, thus furnishing, as Tiemann & Co. state, "the smallest and most complete surgical pocket case ever placed on the market." The number of instruments supplied consist of one straight bistoury (finger knife), one curved, sharp-pointed bistoury (abscess knife), one pair of hæmostatic forceps (mouse-tooth style), one needle-holder, one pair of curved scissors, one grooved director, one jointed silver probe, package of assorted needles and a card of silk or silver wire sutures. By examining this list there will be found all the necessary instruments required for cases that are ordinarily met with in an every-day practice. I carry the case in a watch pocket, which contains in addition a clinical thermometer and hypodermic case, thus illustrating how little space is occupied by the surgical case.

Detroit, Mich.,
April 20, 1888.

Respectfully yours,
PHIL. PORTER, M.D.

AN IMPROVED PISTOL SPLINT FOR THE TREATMENT OF COLLES' FRACTURE.

By A. B. SPÄCH, M.D.,

LATE HOUSE-SURGEON COOK CO. HOSPITAL.

I HAVE recently improved the pistol splint for the treatment of Colles' fracture, and it has been so satisfactory that I here give a description of it. Its application is so simple that no assistance whatever is required.

An ordinary dorsal pistol splint is cut out of half-inch board, such that its length, including the curve, is equal to the distance from the elbow to the tips of the fingers. Measure from the elbow to the junction of the carpus and metacarpus. With this distance, an inch thick and an inch and a half wide, a piece is constructed which is grooved on one of its surfaces and over one end.



[Späch's Improved Pistol Splint.]

This is fastened firmly to the pistol splint, so that the ulnar border of the arm will lie in the groove, and the metacarpus will pass over the grooved end of the ulnar piece.

Pad the arm well and the ulnar border of the pistol splint; apply with the roller, and cover with starch bandage. In three or four days, cut the bandage about the fingers, and remove the dressing entirely in three weeks.

By this method, perfect apposition of the fragments can be obtained, and perfect immobility maintained.

To the double triangular cushion splint for fracture of the humerus, a description of which appeared in the February number of THE



[Späch's Triangular Cushion Splint.]

MEDICAL ERA, I have added some few improvements, which can be seen in the figure as here represented.

ORIGINAL ARTICLES.

A CASE OF MALIGNANT PEMPHIGUS; RECOVERY.

By S. D. JOHNSON, M.D.,

FOX LAKE, WIS.

SOMETIME in June, 1881, I was called to see Miss Lillie A., a young lady of 19, who was in attendance at the Wisconsin Female College, of this place. I found her suffering with acute purulent conjunctivitis. This was soon controlled by appropriate treatment, but, as this trouble passed off, there developed upon the extremities an eruption which I found some trouble in determining whether it was herpes iris or pemphigus. I, however, diagnosed pemphigus. It soon almost entirely disappeared, so that although the lady was here a greater part of the time, I heard no more about it. In December she went home, and while there blisters developed on the left foot near the toes. Her mother thought she had chilled her feet and used some simple measures upon this hypothesis. On Jan. 27th one of the ladies of the college came for a prescription, saying that Miss Lillie had a cold and a violent headache. I prescribed some simple remedies that seemed indicated and received word in the evening that the patient had obtained some relief. Jan. 28th I was called to the bedside of the patient. I found temperature of 104.5°, pulse 120, violent headache, with much prostration. Upon examination I found blebs on the left foot between the toes, and on the instep of the right foot and ball of the great toe. These were flat and filled with serum of alkaline reaction. I prescribed Belladonna 3x and Rhus tox. 3x in alternation. Jan. 28th, temperature 103½°, pulse 106, a. m.; T. 105°, pulse 120, p. m. Jan. 30th I found the patient about the same, only there had developed such a fetor that I gave Baptisia and Rhus alternately, and used locally Eucalyptus.

Each bleb was promptly opened and discharged and carefully disinfected with solution Bichloride of mercury, 1 : 2,000. The patient presenting quite alarming symptoms, at the request of her mother I called Dr. Byron Macher, of Portage, Wis., in consultation, who quickly confirmed my diagnosis of malignant pemphigus.

On account of the great prostration and the evident septic influence at work, we gave egg-nogg and Quinine, 4 grs., every four hours. This was continued in conjunction with the indicated remedies for one day, when slight cinchonism was produced. Then we gave Quinine, 2 grs.,

every four hours, with the egg-nogg continued. After three days the temperature came down and did not go above 104°, having kept its maximum at 105.5° for about one week. But now the eruption began to spread, the blebs coalescing until they extended to the knee. We now used a spray of lime water, carbolized, after the blebs had been opened, dusting the parts with starch and oxide of zinc, equal parts. When the parts became raw and bleeding we used a spray of Calendula, which was very soothing. The remedies used were Thuja, Arsenicum and Rhus tox., changing as symptoms or indications for their use changed.

February 16th the temperature fell to normal and remained so for ten days, when an abscess formed on the left foot. This we opened promptly, and the little fever occasioned by it quickly subsided and our patient seemed once more to be in a fair way to recovery.

In about two weeks she suddenly lost the use of the right leg, the knee became immovable and the calf of the leg began to swell. The limbs were entirely denuded of their covering and the newly formed cuticle was very tender and sensitive. The nails all came off the toes. The calf continuing to swell, we applied poultices and endeavored to discuss it, but failing in that we favored the formation of the abscess that seemed inevitable, and lanced as early as possible. This ended the trouble. Since that time our patient made steady progress and on April 11th she went home. Every vestige of the disease seemed gone.

This case to me has been a very interesting one. According to all authorities the prognosis was unfavorable from the start. The temperature remained so persistently high and prostration so great that we seemed almost powerless in our efforts to relieve. When suppuration ensued and the temperature ran up, with nausea and violent headache, I tried Antipyrine with the happiest result; 15 grs. would usually relieve the headache and bring the temperature down to 99° every time.

Upon the pathological condition the remedies having the best influence apparently were Arsenicum 3x; Rhus tox. 3x; and Thuja 3x. Upon the raw surface the spray of Calendula, following with powder of starch and Oxide of zinc, were efficient in allaying irritation, keeping the patient comfortable. The continued use of Quinine in doses of 2 grains, I feel certain was one of my greatest allies, keeping the patient supported when without it she could not have rallied.

IV.

HAY FEVER:

RHINITIS VASO-MOTORIA PERIODICA.

By E. LIPPINCOTT, M.D.

MEMPHIS, TENN.

Treatment.—This disease has heretofore been considered one of the most difficult and refractory to deal with and the treatment generally unsatisfactory.

Phœbus gives a long list of remedies that have been unsuccessfully employed to combat it, and Zuelzer, in Ziemssen's Encyclopedia, after giving a history and description of the disease, dismisses the consideration of its treatment with the statement that "treatment is powerless against it."

From the diversified internal medication recommended by writers of other schools, there is nothing to offer, on account of the results of the treatment having been unsatisfactory. It consists mainly of tonics, sedatives, alteratives and nervines.

With many, a favorite local application has been to irrigate the nasal cavities with a solution of Quinine, gr. j, or ij, to water ℥j, two, three or more times daily. This was first recommended by Helmholtz. It has proved of but little if any benefit. The good effect, if any, is attributable to the solution washing away the *corpus delicti* mechanically, rather than by any parasiticide action. The various injections and insufflations recommended have been of no permanent benefit and in many instances have proved injurious. Sir Morell Mackenzie, (Hay Fever, 1884, page 22), says: "I trust very little to local measures in the treatment of hay fever, but when there is profuse secretion with an excessive tendency to sneeze, the inhalation of strong Ammonia salts often gives great relief." Many appliances and devices are recommended for the comfort of the patient during an attack, but none of them equal prompt and well directed treatment towards the removal of the cause.

No experiments since those made by Blackley have been as thorough as his. They were then comparatively satisfactory from an ætiological point of view, but did not suggest a successful plan of treatment.

Homœopathic literature records but few absolute cures. Leading writers of our school speak with indifference in relation to its ætiology, pathology and treatment.

There has been but little concurrence in the various articles written in relation to treatment. The internal treatment suggested has been main-

ly empirical, and has depended largely upon the fanciful doctrine of signatures, especially the indications for the guidance in the choice of the remedy, which has often been colored to suit the views of the writer in reference to some favorite remedy or supposed specific. This lack of unanimity is attributable to the fact, that, until recently, the ætiology and pathology have been but imperfectly understood.

Many cures of hay fever are reported, which, upon inquiry in after years, it is learned that the attacks recurred each succeeding year, and, in many instances, the treatment that once relieved was of no avail in succeeding attacks. These are not absolute cures, they are only a partial or temporary cure. An absolute cure can only be effected by a removal of the prime cause—chronic nasal disease—which prevents the susceptibility to the action of pollen and other irritants, and consequently a recurrence of attacks. The treatment is necessarily a varied one, and depends upon the individuality of each case. It is sometimes of service to use locally the same remedy that is administered internally, but generally in a more crude form. This local remedy is used by inhalation, by hot or cold sprays, but generally should be applied directly to the diseased tissues. It is hardly necessary to specify the local treatment other than in a general way. When a polypus is the cause—as it has been found to be in a few instances—a removal by instruments, electricity, cauterization either by the galvano-cautery or acids, or, as has been accomplished in some instances, by internal medication in connection with a low dilution or trituration of the same medicine administered locally. This has been accomplished by the use of Thuya, Sang. can., Teucrium and a few other medicines in cases of polypus of various parts.

In the Louisville Medical News, Aug. 22, 1885, page 115, Dr. W. Cheatam, says: "Some few may be relieved by curing an existing nasal catarrh."

Among the pathological changes, simple chronic rhinitis is the condition most commonly met with when examining a patient during the intervals between the attacks, when all outward manifestations of the disease have disappeared.

Those who have once suffered from chronic rhinitis generally enjoy immunity from common catarrh. For a removal of chronic rhinitis it is essential to begin treatment as soon as detected. Prominent among the indicated remedies for this condition are Sang. can., Sang. nit.,

Kali hyd., Kali bich., Cinnabaris, Sinapis nig., and some of the mercurial preparations, especially Merc. prot.

A Vaseline spray, both during the attacks of hay fever and during the interim of them, is both soothing and beneficial. It may be necessary during the attacks to use other adjuvants: i. e., spraying with a weak aqueous solution of Boracic acid, puncture of the swollen portions of the membrane with a narrow knife blade, Cocaine, the galvano-cautery, or, in some instances, acids. In using the knife, galvano-cautery or acids, we must not be unmindful that these mechanical and operative measures must be used with a considerable degree of caution, as extensive tracts of cicatricial tissue may become the seat of more serious disease than hay fever. In the *Journal of the American Medical Association*, Feb. 6, 1886, Dr. S. S. Bishop says: "The new surgical treatment of hay fever, which consists of cauterizing the sensitive areas, is too recent to have afforded permanent results. Not wishing to prejudice against the operation those to whom it might prove beneficial, I willingly part company with this phase of the subject. But I cannot do so with fidelity to the profession and to this class of patients without warning them of possible consequences. This treatment may precipitate paroxysms of veritable asthma. In fact, two applications of the galvano-cautery, under Cocaine anæsthesia, have superinduced true asthma without curing the hay fever."

With the chronic rhinitis there may exist a tendency to frequent or permanent turgescence, hyperæsthesia, fluctuatory or permanent hypertrophy, adenoid vegetations, tumors, a deviated or thickened septum, stenosis, anatomical peculiarities, either congenital or acquired, or other organic changes. It is useless to attempt a removal of true or permanent hypertrophy by internal medication. It may aid in some instances, but the main reliance should be upon the cold wire or Jarvis snare, the galvano-caustic snare, galvano-cautery, or caustic acids, i. e., Chromic, Glacial-acetic and Nitric. It is in this hypertrophic condition that we are more especially justified in the use of the galvano-cautery, galvano-caustic snare and caustic acids, but even then the patient should be under close surveillance that we may be sure of the reduction of the redundant tissue, and to correct any complication that might arise from the cautious use of the above measures. Following these operative procedures, it is generally advisable to use the Vaseline spray. Nitrous-oxide gas is a con-

venient anæsthetic in using the galvano-cautery. Chronic hypertrophic nasal catarrh, and hypertrophic rhinitis are frequent causes of asthma and hay asthma. This can be demonstrated by their removal, when there will be no recurrence of the asthma.

Adenoid vegetations or adenomata at the vault of the pharynx can be removed by the properly selected homœopathic remedies in conjunction with proper cleanliness and attention to diet and hygiene. Where this condition is extensive, it is essential to resort to operative measures similar to those in the removal of hypertrophy. The attendant catarrhal condition should receive prompt attention and constitutional treatment be given with the object of preventing a recurrence of the growths.

The *Hydrochlorate of Cocaine* is a valuable adjunct in the treatment of hay fever. A four per cent solution is the strength commonly used, but it may be used of a varying strength. It will not cure, but it palliates and temporarily checks the ravages of the disease by the local insensibility it produces, and partly by the contraction of the capillaries it induces, lessening the hyperæmia and rendering the mucous membrane temporarily insensible to the action of pollen and other irritants. It will arrest the bronchial catarrh and asthma accompanying this disorder. If used in the early stages, the sneezing stage or in mild cases, where the main or only feature is sneezing, it checks the disease temporarily, enables hay fever refugees to remain at home and lessens the tendency to complications. Its continued use, whenever any irritation has been set up, has given many persons almost entire relief from the annoying and distressing conditions attendant upon the disease. As a palliative it acts like magic, and for prompt but transient relief, no other local agent equals it. Dr. DaCosta has found it useful in a number of cases. It should be applied before using the galvano-cautery and other operative measures. It is used from one to three times per day, and in extreme cases oftener, but generally one application a day suffices. The introduction of Cocaine tablets within the nasal cavities once or twice a day, is a convenient mode of using it. Some patients are highly susceptible to its influence and cannot tolerate its use, at least only at long intervals. Serious results have attended its use, especially when used so often that the absorption of a large quantity has produced physiological and even toxic effects. The manner of using it is by means of absorbent cotton and cotton-holder on a cam-

el's-hair brush; or a small atomizer, spraying the entire nasal cavity; or, by injection of a few drops into each nostril; or, by having the patient in a recumbent position and using a common dropper, having the patient spit it out should any get in the mouth or throat. Care should be taken to have the parts first cleared of mucus, which enables us to get a quicker action of the drug. It has both a primary and secondary action. By its primary action we have anæsthesia and anæmia, causing total but transient insensibility and a paleness of the membrane, with some retraction. The secondary effects are swelling and hyperæsthesia of the parts, even to a greater degree than before its use, even to the complete closure of the nasal cavities for hours.

In one case that came under my observation, a gentleman who was a confirmed hay-fever sufferer, whose attacks soon developed into a severe asthma, kept himself entirely relieved from the annoying symptoms and asthma by one application daily of the Cocaine, or whenever any irritation had been set upon in the nasal cavities.

In giving therapeutic indications it will be my aim to class the medicines in the order of their prominence as observed by myself, and by others that seem to have a true conception of the therapeutic treatment, and to include thereafter reported cures made by the remedy.

V.

SYSTEMATIC CHEMICAL EXAMINATION OF URINE FOR CLINICAL PURPOSES.

By CLIFFORD MITCHELL, A.B., M.D.

CHICAGO.

E. SEDIMENT.

Proceed now with the examination of the sediment; go back to the first portion of the urine which has been standing so that the sediment, if any, may settle. Pour off the supernatant urine very carefully down the side of a glass rod; when nearly all the urine has been poured off from the sediment cease pouring; save the urine that has been poured off and let it settle again for microscopic examination, No. 2. Divide the sediment, if abundant, into two portions, reserving one portion for microscopical examination, No. 1. [If the sediment is not abundant proceed at once to the microscopical examination].

N. B. It is sometimes necessary, especially when a uric acid sediment is to be looked for, to collect the urine of separate micturitions, let

settle and observe carefully in how many hours or minutes the sediment is perceptible.

L. CHEMICAL EXAMINATION OF THE SEDIMENT.

(a) Warm a little of the sediment in a test-tube, taking care not to boil; pass the tube to and fro in the flame of the alcohol lamp; if the sediment clears noticeably (shown by comparison with sediment in another tube not heated) *urates* are present. If not, they are not present in great amount.

(b) Look closely at the original sediment in the glass to see if there are any *brown specks* in it: look especially in the corners and on the bottom of the glass, holding it and looking from below; if such specks, looking like red pepper grains, are seen, *uric acid* is present. [I have known dozens who were unable to see this sediment with the naked eye even when it was very abundant].

(c) If the sediment is reddish in color, or dark, test for blood: take equal parts of spirits of turpentine and tincture of guaiac, shake well and cause an equal volume of sediment to flow down the side of the tube into the mixture; a blue coloration at the juncture indicates presence of *blood*. [If blood is present, the phosphates in urine when precipitated by caustic potash and gentle heat will appear *blood-red* in color]. The test should be made on freshly voided urine if possible and if unsuccessful the microscope should by all means be used; it is in general, moreover, advisable to use the microscope in order to make the differential diagnosis between hematuria and hemoglobinuria.

(d) Take a fresh sample of the sediment, add four or five drops of acetic acid to it, shake well and compare with the same bulk of sediment to which just as much distilled water has been added as was acetic acid. If the sediment is noticeably cleared by the acetic acid, *earthy phosphates* are present. Take a fresh amount of the sediment to which nothing has been added, and dip into it a piece of red litmus-paper; it should be turned blue if the sediment is in any abundance. Allow the paper to dry, and if the blue color persist, *calcium phosphate* is probably the chief constituent of the sediment, the urine being alkaline, from fixed alkali as it is called. If the blue color disappear when the paper dries, *triple* (ammonio-magnesian) *phosphate* is the one. (In all cases the microscope should be used to confirm results.)

2. If the sediment is not wholly urates nor phosphates, nor both, but there is evidently something else present, pour some more of it

into a test-tube and add a few drops of liquor potassæ. If the sediment be originally of a whitish color, and on addition of the caustic potash become greenish and glassy, first stringy, then thicker, till it forms a lump, pus is present. The stringiness may be perceived by pouring the mixture from one tube to another, or by trying to remove by means of the pipette. If the sediment is dissolved by the caustic alkali, but has not been by heat, mucus is the constituent. (Uric acid is soluble in liquor potassæ but is not light colored.)

The above directions apply to testing well-marked and characteristic sediments examined within a few hours after the urine has been voided, and before any changes have taken place. In other words, before the urine becomes stale. In many cases chemical identification of a sediment is not easy, and recourse to the microscope must be had. Note, however, the following:—

PRACTICAL HINTS.

1. The urine on standing deposits some little sediment, but remains generally turbid, the turbidity not settling, not even if the urine stand for days; the sediment removed by the pipette does not respond to tests 1 – 2; *bacteria* are present and the sediment needs use of the microscope for recognition. [Such urine if tested for albumin needs magnesian fluid and warming before filtration, otherwise it will not filter clear.] Held up to the light in a test-tube the urine will be seen, especially when shaded with the hand, to become traversed with fine, silky, interlacing waves.

2. No sediment is noticeable at the end of a few hours, but a very slight one after twelve to twenty hours, the urine not being alkaline. Examine with microscope for calcium oxalate. [If enough of the sediment can be collected, and no albumin is present, divide into two parts, add acetic acid to one and nitric to the other. If acetic acid have no effect but nitric acid dissolve, it is possibly *calcium oxalate*. Verification by means of microscope not only desirable, but absolutely necessary, as certain forms only of the oxalate are of clinical significance.] Keep the sediment in a cool place, or in a well-stopped bottle. Urine containing calcium oxalate sediment will often deposit it on the sides of the glass, forming numerous fine lines running in bands. It is often the case that the sediment is either caught in the mucus cloud, or according to Tyson the whole of the cloud-like mass so much resembling mucus is made up of the oxalate of lime [proper chemical term, calcium oxa-

late]. When it has settled there will often be noticed two parts to the sediment:— a soft, grayish layer on the bottom, and, over this a whiter, denser layer with a wavy, but well marked surface.

3. The sediment is abundant enough for chemical tests and settles within a few hours. It clears partly with heat, but does not respond to any other tests. In this case, after warming, add liquor potassæ, and if it clears noticeably *urates* and *uric acid* both may be present. Verify with the microscope.

4. If the sediment clear *wholly* on application of heat, so as to be as clear as the urine itself, decanted or filtered from the sediment, it is composed of *urates* and no further *chemical* tests need be made.

5. If the sediment with heat has not cleared, or only partly cleared, and moreover on addition of acetic acid has cleared only in part, and farther if it respond to no other of the tests thus far given, recourse should certainly be had to the microscope.

6. If the test for pus given in [2] be not successful, pus is not necessarily absent. This test is of value only [a] when the urine is acid in reaction, and [b] when also the amount of pus is considerable. When the amount of pus is inconsiderable even though the urine be acid in reaction, the test as applied as in [2] will not give a cohesive lump, but the sediment disappears, and the fluid becomes vitreous and stringy. Use as much sediment and as little supernatant urine as possible.

The chemical test in such case not being marked in results, many prefer Day's test; pour a little tincture of guaiac *not freshly made* into a test-tube and let some of the sediment trickle down into it. If a blue color appear, in course of a few minutes, *pus* is present. This test, however, should be confirmed if possible by microscopic identification of *pus* corpuscles.

7. The test for pus given in [2] fails in alkaline urine: pus is not necessarily absent; if urine is turbid when freshly voided, clears considerably on standing, and the sediment is greenish, stringy, tenacious and clings to the side of the glass, the ropy strings being soluble in acid, it is *pus*. Mucus does not form a similar cohering mass. For verification, test the urine itself as follows:— fill a test-tube half full with the urine to be tested, and heat gradually the upper part of the column of the fluid to boiling. An increase of the opacity in the portion so heated as compared with the lower portion not boiled [seen against dark back-

ground indicates presence of *pus*, if this increased opacity remains after addition of one or two drops of acetic acid. [Ultzmann.]

8. The sediment does not respond to the various tests, but it has been noticed that the urine filters very slowly: *mucus* is present and the sediment will become a thin liquid with flakes on addition of liquor potassæ. If *pus* is present at the same time, this test will not be successful. In this case take a solution of iodine dissolved in potassium iodide, and add a little of this to acetic acid, pour the mixture into the urine and a turbidity will form due to presence of *mucus*. This test distinguishes *mucus* from *pus*. Filter urine containing much *mucus* and allow the filter to dry, and it will appear as if coated with glistening varnish.

9. The urine is albuminous and of acid reaction:—

The sediment may be very slow in settling; do not wait for it to settle, but shake well in a test-tube, boil and filter. If the filtered urine on cooling throws down a sediment which in turn clears on application of heat, the sediment is *urates*, at least in part. That which did not dissolve on boiling the urine should then be examined with the microscope. Most albuminous urines should, however, be examined as to their sediment with the microscope before the urine has decomposed, and at any rate before any chemical operations have been performed on the entire sediment.

CHINA IN MALIGNANT DISEASES.— PULSATILLA AND HAMAMELIS IN EPIDIDYMITIS.

By DR. P. JOUSSET.

PARIS.

[Clinique of the Hospital Saint-Jacque. Translated from
L'Art Medical, by H. P. Holmes, M.D., Sycamore, Ill.]

IN this clinic I shall speak of the action of China in malignancy. The pernicious intermittent, whether it exists alone or whether it occurs as a complication in another disease, is controlled almost at once by the Sulphate of quinine. It is not the same in the malignant form, that sort of overthrow of all the symptoms in the disease. That malignancy almost always finds us unprepared. The antithermics cannot act against that condition. Cold water, administered, not according to Brand's method, but according to Curie and Recamier, may be of service. It will not cure the patient, but it will save time.

Among the remedies there is one, China, which deserves all our confidence, and it enjoyed

among the old physicians a justly merited reputation. When Broussais arrived, he said that it was an incendiary remedy, which would only aggravate the fever. China thus fell into desuetude: to-day it has returned to its place, thanks to homœopathy.

We are much inclined to confound China with Sulphate of quinine; the antiperiodic action makes us forget the other symptoms of this remedy. We will recall here only those which relate to the malignancy with which we are occupied, they are: Hippocratic face, nose wasted, eyes cavernous with pale circles around them, cadaveric, complete indifference, syncope with loss of consciousness, then loss of vision; lips and finger nails livid, loss of voice and loss of speech, tongue retracted toward the base, considerable dyspnoea, during sleep one eye is open and the other only partly closed, with the eyeballs turned upwards as in death.

This *ensemble* of symptoms, so easy to remember, indicates China. But remember that there are conditions so grave that nothing will do any good; not even the remedies which appear to be the best indicated. I should add that in the homœopathic school, China has hardly ever been employed in these grave cases; they prefer giving Lachesis or Carbo vegetabilis. However, there are some cases of malignant erysipelas where China acts admirably and I think that it is a reason for trying it in these malignant cases. It was from reading one of Jaccoud's clinics that I was led to employ China in erysipelas. That physician declared that he had treated a considerable number of cases of erysipelas, more than a hundred, many of which were excessively grave, with only two deaths, and that by making the patients take a spoonful of the wine of Quinquina every hour. I treated at that time a lady attacked with erysipelas following suppurative pelvi-peritonitis. The condition of that patient was very grave, and gave me considerable anxiety. I employed the wine of Quinquina and conformed exactly to the indications given by Jaccoud, and I declare that to my great surprise the patient was rapidly relieved and recovered. I was convinced of the real value of that remedy; it was an experimental fact. It is not necessary to say that I do not accept the explanation given by Jaccoud, who pretends to control in a similar manner the cerebral anæmia due to grave erysipelas. I have searched for the true cause, like a true disciple of Hahnemann, and I have found that China acted here after the law of similars. I invent nothing; the old authors have already

recognized that China may produce eczema and erysipelas. M. Jeudi of Crissac has collected in his thesis a large number of documents relative to the eruptions produced by Quinquina and Sulphate of quinine. It is principally in the more or less generalized acute eczema and in erysipelas that the eruptions produced by this remedy are reported. Sometimes these erysipelatous eruptions have been accompanied by an intense febrile movement and very grave general symptoms.

We have yet the malignant condition previously described; finally the characteristic of Quinquina is the intermittence in the fever, and the relation thus to the intermittent action of erysipelas which proceeds by attacks, with intervals of remittance. You see many of the theoretical explanations pale before the law of similars. We enter here into the positive therapeutics; China cures erysipelas because it produces symptoms similar to that disease: *similia similibus curantur*. Whatever that may be, it is a fact clinically confirmed — China cures erysipelas.

But how should it be used? I have not thought it best to use the wine of Quinquina because it was a preparation not properly dosed, and which may be unreliable: we should in all cases and especially in these grave cases know what we are giving. I have in place of the wine substituted the alcoholic tincture of Quinquina, a uniform preparation and exactly graduated, and I give this remedy in a dose from two to five grammes to be taken during the twenty-four hours.

It will be in order for me to speak of two patients that we have had in our care, two cases of surgical erysipelas. You know that erysipelas is very much dreaded in the surgical departments, and causes a great mortality in the hospital. We have had the pleasure of seeing our two patients recover.

The first patient was a young man of 33 years, a man of letters, who came to the hospital on account of an inguinal adenitis of the left side. Our skillful surgeon, M. le Dr. Piedvache, made a double incision and passed two drainage tubes, the 16th of November. The patient appeared to be doing well, when the night of the 24th of November he was taken with chills and vomitings, and on the morning of the 25th presented a temperature of 104°; at the same time a slight redness appeared at the upper part of the thigh. He was given China in the mother-tincture, five grammes, and the evening temperature was down to 102.2°. For two days the temperature oscillated between 101.3° and 102.2°; the fourth

day the temperature had returned to 104°. The next morning, the temperature being at 99.6°, there was added to the tincture of China a little of the Sulphate of quinine, 7½ grains. After some oscillations in the neighborhood of 100.4°, the temperature again returned to 104° the evening of the 8th and 9th days; (the 2nd and 3rd of December.) I then prescribed Sulphate of quinine 75 c. g., and China, mother-tincture, five grammes. Starting from that time the temperature fell to 99.5° the eleventh day, and the twelfth day it had fallen below 98.6° to remain there. The patient was convalescent and left the hospital entirely cured on the 21st of December.

This patient presented an excessively grave general condition, and I was not at all certain of the termination of the disease. Extreme weakness, profuse sweats, considerable emaciation and at one time there was diarrhoea; however, the erysipelas was arrested above the knee, after having occupied the left side of the abdomen, the groin and the thigh. I think I may say that China has had a happy influence on the definite result and has had much to do with the cure.

The second patient was an old cachectic who had an old suppuration of the thigh; he entered the hospital for an operation for an epithelioma of the lower lip. M. le Dr. Piedvache thought that he should open the thigh and produce drainage before doing anything else, because the leg was becoming phlegmonous. The wound was opened, cleansed and drained the 16th of December; during the night of the 23rd there were chills and vomitings and the next day the morning temperature was 104.9°. I prescribed Aconite, mother-tincture, 5 grammes. The temperature descended to 99.5° the second day, but returned the third day to 104°. I then gave the whole of a gramme of Sulphate of quinine and continued China. The fever gradually diminished and reached 99.1° the evening of the eighth day. The next day there was another chill and the temperature went up to 102.2°; Sulphate of quinine one gramme during the two days, and then one-half gramme during the next two days, and the temperature fell suddenly from 102.5° to 98.6° the thirteenth day. From that time it has not gone above 99.5°.

I have brought up these two cases to show you what China can do in grave conditions. I have thought best in these two cases to associate Sulphate of quinine on account of the pernicious intermittent condition; but China remained the remedy for the malignancy in the continuous

form. *En résumé*, the antithermic medication is only a form of therapeutics which does not affect the disease itself. We should not accept that kind of treatment exclusively; it is an exceptional form of treatment, and should only be used in a very limited number of cases, and then only for saving time, as I said in speaking of the lotions and cold affusions.

I hope that the homœopathic physicians will not allow themselves to be carried away by the brilliancy of that kind of therapeutics. It is so nice to see a temperature fall from 104° to 100.5° by a cold bath or a phenic lavement, that one is tempted to slide into that easy way of doing. It does not cure the patient very often, according to the showing of the most recent observations. Give up that etiological therapeutics, Sulphate of quinine, Phenic acid, etc., antithermic and antiparasitic; it is only a hypothetical method, which may be full of deceptions. Homœopaths, you have a law and a guide; do not leave the right road of positive therapeutics.

Apropos of a patient who went out some days ago, I will say a word of blennorrhagic epididymitis. This was a young man of 23 years who, having a blennorrhagia for the past four months, was taken with a pain in the right testicle a fortnight before his entrance into our wards. He had been treated with frictions of Belladonna ointment, Iodide of potash, etc., which had not prevented the development of the epididymitis.

On his entrance, the 18th of December, I prescribed Pulsatilla, mother-tincture, three drops, then five drops. The 22nd of December, the swelling had diminished and the pain had nearly disappeared. The 24th, without any appreciable cause, the testicle became indurated and painful; I then gave Hamamelis and it produced a rapid amelioration. The patient, obliged to return to his work, went out on the 4th of January with a slight induration, a condition which frequently remains for quite a long time.

It was Ricord who gave to that disease the name of epididymitis; before that time it was called orchitis. If the old denomination was frequently incorrect, the new, it appears to me, is a little too exclusive; because, if we do most frequently have only to diagnose an epididymitis, which it is true, is in the great majority of cases, there are sometimes also cases of orchitis.

Whatever that may be, inflammation of the testicle is a very frequent accident, in the course of a blennorrhagia. According to Fournier, it happens once in eight or nine times, and the left

testicle is more frequently attacked than the right in the proportion of 890 against 534.

Epididymitis is an affection of which numerous explanations have been given. It hardly ever develops at the commencement of the blennorrhagia; but principally from the third to the eighth week. It sometimes attacks those who have been the most particular in their precautions, and, on the contrary, it never attacks certain others, who, in the course of their blennorrhagia indulged in all sorts of excesses. There are then some things in its pathogeny which are unknown. There are certain individuals who are certainly predisposed to it, because they cannot contract a blennorrhagia without its being followed by an orchitis.

It has also been said that it was caused by the hot urine settling into the pockets (sinus popularis, H). Valpeau advanced the theory which has been most generally accepted: the propagation of the inflammation from the urethral canal to the ejaculatory ducts, from there to the vas deferens, and, finally, to the epididymis, where it is retained by a number of folds which rarely permit it to attack the testicle. But, let me repeat it for being more exact, if, sometimes the vas deferens is inflamed, swollen and indurated, and if the propagation in this case appears evident, there are also cases in which the vas deferens has absolutely nothing to do with it. May we not, then, compare orchitis to those cases of adenitis occasioned by distant irritation without the intermediate lymphatics being inflamed? The epididymis is attacked because it is in the line of election of the disease, the same as the synovial sheaths and the articulations.

There is still another explanation given: that the affection should be caused by a special microbe, the gonococcus, which finds an excellent culture fluid in the epididymis. But if this is the case, what is the benefit from wearing a suspensory bandage? That cannot in any way prevent the gonococci from multiplying. At Lyon, in the Antiquaille, they have cured orchitis with a well made suspensory bandage.

The duration of orchitis is from fifteen to twenty days for the acute period, and several weeks for the chronic period. Our patient has left us at the end of twenty days, with a little induration.

The induration is produced by the obliteration of the vesiculæ seminales, by the inflammatory products, granular bodies, leucocytes, fat granules and even by pus globules. These inflammatory deposits are absorbed but slowly, and

there results, in persons attacked with a double orchitis, a sterility which may be transitory or definite. I say sterility and not impuissance; I have seen in my experience many individuals who were perfectly puissant up to that time, but they had become sterile. It frequently happens that even when the canals are again permeable no spermatozoids are formed. Another feature: in case where a single testicle is attacked, the other becomes much less fertile. It does not take on compensatory action, as happens in the kidneys, because there, if one organ cannot fulfill its functions, the other secretes more actively and suffices for secreting the urine.

The opposite school have numerous means of treatment; leeches, emollients, ice, compression, hydrocele puncture, freeing the tunica albuginea, Horrard's suspensory, which allows the patient to be up and about his work, Langlebert's suspensory, etc. We are not so rich; for twenty-five or thirty years we have used Pulsatilla. This remedy has recently been borrowed from us by a physician in Saint Malo who has thought he has made a discovery in pointing out the almost marvelous effects of Pulsatilla in orchitis. There is still another remedy, Hamamelis, which appears to give good results, but it needs to be experimented with that its indications may be clearly fixed. It fails us sometimes. What then are the characteristics which indicate Pulsatilla, or when is Hamamelis better indicated? When I find a patient who suffers a great deal, and to whom Pulsatilla has not brought much relief, I then give Hamamelis, which has acted very well. Is pain the symptom which indicates it? Its clinical experience is not yet determined.

Ptomaines in Phthisis.

Dr. Philip, of Edinburg, has recently made a very interesting investigation. He found that by taking the sputum of a phthisical subject, protecting it with great care from contamination by external agents, and maintaining it for a short time at the temperature of the body, that an alkaloid was obtainable by Stas' process, which was evidently an alkaloid, a ptomaine. This substance was also detected in the cavities of phthisical lungs. When this substance was injected into mammals it produced fever and progressive emaciation, which proceeded to a fatal termination, even where the injections were discontinued. In frogs the same results were obtained, except that recovery sometimes followed.

SELECTIONS.

A Case of Nephrorraphy for Fixation of a Floating Kidney.

By DEWITT G. WILCOX, M.D.,
OF BUFFALO.

The condition known as floating or movable kidney is one not infrequently met with. This organ being held into position by a very considerable layer of loose areolar tissue and having a movement of its own varying from one-half to one inch, it is not so surprising that during a very severe strain or from some outside influences, it should be torn from its moorings to such an extent as to be distinctly outlined immediately beneath the abdominal wall. Patients with such a condition of this gland may go for years without any apparent distress or inconvenience, and without any abnormal urinary symptoms. More frequently, however, the displaced gland is the seat of frequent neuralgic pains, and produces a dragging feeling when the patient is wearied.

The operation known as nephrorraphy, consisting of cutting down upon and exposing the kidney and then stitching it to the edges of the wound is comparatively recent. Hahn, of Germany, has the credit of first successfully performing it. Other surgeons have followed in the line — Dunning, Ceccherelli, Weir, Agnew, Es-march, Gardner, Newman, Stevenson and Jusie all report successful cases. The following case came under my own observation in June, 1887.

Sarah W., æt. 24. About nine years ago, while lifting heavily, felt something "give way in her back." A few weeks after she detected a distinct tumor in the abdomen a little to the right and on a level with the umbilicus. She suffered but little pain, but was worried over its presence. She consulted a number of physicians in England where she was then living, but gained no satisfactory information regarding her trouble.

As time went on she began having pains in the "tumor" and a heavy, dragging sensation. There were no urinary symptoms; in fact, the foregoing history was about all the subjective symptoms that could be elicited.

Upon examination the "tumor" was found to be somewhat larger than an ordinary sized kidney, was quite freely moved and could be crowded up to the under edge of the liver or pushed down to the iliac region and even on to the left side; it was somewhat painful if squeezed. It was with some difficulty forced back into its normal position. The diagnosis of floating kidney was rendered.

Dr. J. T. Cook saw the case soon after and upon a thorough examination came to the same conclusion.

An operation for fixation of the displaced kidney having been determined on, the patient was anæsthetized and turned well on her sound side. The skin was shaved and scrubbed with bichloride solution. A free incision was then made midway between the last rib and the crest of the ilium, extending from the anterior edge of the quadratus lumborum forward for about four inches. After controlling all hemorrhage, the incision was continued through the entire wall, the hand inserted and the kidney grasped and brought out to the lips of the wound. Here it was held with some difficulty, as so long a time had elapsed since it had been in its natural place, that it required some stretching of the tunica adiposa to retain it. After bringing it to the opening, examining its surface and demonstrating its blood vessels, there was left no doubt as to its being a kidney. A heavy catgut suture was passed through the perirenal fat and each lip of the incision; this was repeated three times, till the gland was securely anchored to the wound.

The remaining portion of the incision was loosely drawn together and allowed to heal by granulation. It was dressed with the usual antiseptic precautions, and the patient put to bed.

She made an excellent recovery, the temperature at no time going above 101 1-5° F. She is now able to walk quite a distance and do ordinary light work.

The gland has kept its position and there is no pain or dragging, neither have there been any untoward urinary symptoms.

From all the reports on record which I have been able to gather, the operation seems to have been successfully performed a sufficient number of times to establish it as a justifiable and practical operation. Yet, according to Ransohoff, but twenty-two such operations are on record.—*Annals of Surgery*.

Beverages for Hot Days.

Lemonade, Russian Tea, Soda Milk, Badminton, Claret Cup with Soda-Water.

The feverish thirst of summer days is almost unquenchable when the liquid we take to relieve it is unaccompanied by nourishment, for example—a cup of tea and a very little bread and butter or cracker will do more to allay thirst than three or four cups without. For this reason the egg lemonade that will be such an attraction at the Chicago soda fountains this

summer is one of the best beverages ever introduced, as well as the most delicious. Many declare that it is not so good when home made and they are generally right; this is the reason: The powerful pressure brought to bear on the lemon while in the squeezing machine forces out the oil from the peel as well as the juice, and this is not done by the ordinary hand-squeezer. The juice of lemon has little fragrance; it is the oil that imparts the delicious flavor to it. Make the drink in the following way and it will quite equal that made by professionals:

For egg lemonade, break an egg into a tumbler, rub two lumps of sugar on the rind of a fine lemon, put the sugar into the tumbler, squeeze the lemon into it with a squeezer, and half fill the tumbler with ice broken small, fill up with water, and, with a shaker, shake the whole vigorously a few seconds, then grate a little nutmeg over the top.

Simple lemonade is greatly improved by rubbing the peel with sugar. When made for patients recovering from fever a far more grateful drink than strong lemonade is made by using one lemon to a quart of water, with one lump of sugar rubbed on the peel, sweeten very little. This, given in teaspoonfuls, when the mouth and tongue are parched, is inexpressibly refreshing.

Cold-water tea, or Russian tea, is usually made by steeping tea in boiling water in the usual way and setting it on ice. This gives the astringency that is pleasant when hot with cream, but to many tastes very unpleasant when cold. The better way to make it is easier in hot weather, and so made iced tea is a positive luxury. Four hours before you require the tea for use (or over night, if you choose) put four teaspoonfuls of tea into a pitcher, pour on it a quart of cold water, cover, and set it in the ice-box. It does not sound as if good tea could be made with cold water, but this is the perfection of cold tea, fragrant without the least bitterness and of a beautiful amber clearness. Sweeten as any other tea. With a little lemon juice and a slice of lemon floating in each glass this makes the fashionable "Russian tea."

One may long for a glass of soda or be delighted to offer it to his heated and weary friends, but it is quite too much to go to the druggist for it with the sun high and the thermometer in the nineties. And yet nothing is more possible or less expensive than to have the thing always at hand. In Paris when siphons were first introduced iced "siphon water" was the thing to have in the house. I often wonder that so little use is made

of them in this soda-water-loving country except under a doctor's direction. Half a dozen siphons of plain soda cost 90 cents, perhaps less in large cities, and if you are known to your druggist you will not be charged for the loan of the siphons. Keep them on ice and you have your soda-water ready. Make and keep bottled a few simple sirups—vanilla sirup, coffee sirup, ginger sirup—and you can have flavored soda at a moment's notice. In fruit season half fill the glass with fresh fruit sirup and sugar, fill up from the siphon, and you have a drink for the gods.

Soda milk is an excellent and nourishing drink in hot weather, and will remain on the most delicate stomach when anything but koumiss would be rejected, and is simply soda from the siphon and milk.

Claret cup with soda-water is excellent made from California wine. Pour a bottle of claret into a pitcher, and a sliced orange, leaving out the first and last slice, and a strip of cucumber peel as long as your finger; sweeten with sirup, add, if liked, a wine-glass of Santa Cruz rum; set this in crushed ice, and just before drinking strain and add the contents of a siphon of soda-water, stir, and serve at once.

For Badminton, take a bottle of claret, sirup to taste, an orange sliced, and a strip of cucumber. Strain after it is well chilled; then add a wineglass of curacao and a siphon of soda—ice cold, of course—and serve at once. Of all cups, except champagne, perhaps cider is the best.

For cider cup, pour a quart of cider into a pitcher, slice an orange into it or three slices of lemon; sirup or not, according as the cider is sweet or sour, add a glass of sherry and one of brandy with a pint of crushed strawberries if in season, otherwise a cup of chopped pineapple and a few drops of almond flavoring. If champagne cider is used let it be iced. Let all stand till chilled, then strain and add a siphon of soda. The soda-water must always be used the last thing, and when there is time to have the "cup" cold enough without, do not add ice to it, as if it stands it gets poor. Sweeten all cups with sirup made thus: Pour boiling water (a pint) on a pound of white sugar. When dissolved bottle for use. The use of sirup prevents the last of the cup being too sweet.

The Care of Infants.—Rules for the Management of Infants During the Hot Season.

Rule 1.—Bathe the child once a day in tepid water. If it is feeble, sponge it all over twice a day with tepid water, or with tepid water and

vinegar. The health of a child depends much upon its cleanliness.

Rule 2.—Avoid all tight bandaging. Make the clothing light and cool and so loose that the child may have free play for its limbs. At night undress it, sponge it and put on a slip. In the morning remove the slip, bath the child and dress it in clean clothes. If this cannot be afforded, thoroughly air the day-clothing by hanging it up during the night. Use clean diapers and change them often. Never dry a soiled one in the nursery or the sitting-room, and never use one for a second time without first washing it.

Rule 3.—The child should sleep by itself in a cot or a cradle. It should be put to bed at regular hours, and be early taught to go to sleep without being nursed in the arms. Without the advice of a physician never give it any spirits, cordials, carminatives, soothing sirups, or sleeping-drops. Thousands of children die every year from the use of these poisons. If the child frets and does not sleep, it is either hungry or else ill. If ill, it needs a physician. Never quiet it by candy or cake; they are common causes of diarrhœa and of other troubles.

Rule 4.—Give the child plenty of fresh air. In the cool of the morning and evening send it out to the shady sides of broad streets, to the public squares, or to the park. Whenever it seems to suffer from the heat let it drink freely of ice water. Keep it out of the room in which washing or cooking is going on. It is excessive heat that destroys the lives of young infants.

Rule 5.—Keep your house sweet and clean, cool and well aired. In very hot weather let the windows be open day and night. Do your cooking in the yard, in a shed, in the garret, or in an upper room. Whitewash the walls every spring and see that the cellar is clean of all rubbish. Let no slops collect to poison the air. Correct all foul smells by pouring carbolic acid or quicklime into the sinks and privies. The former article can be got from the nearest druggist, who will give the needful directions for its use. Make every effort yourself and urge your neighbors to keep the gutters of your street or of your court clean.

Rule 6.—Breast-milk is the only proper food for infants. If the supply is ample and the child thrives on it, no other kind of food should be given while the hot weather lasts. If the mother has not enough she must not wean the child, but give it, besides the breast, goat's or cow's milk, as prepared under rule 8. Nurse the child once in two or three hours during the

day and as seldom as possible during the night. Always remove the child from the breast as soon as it has fallen asleep. Avoid giving the breast when you are overfatigued or overheated.

Rule 7.—If, unfortunately, the child must be brought up by hand, it should be fed on milk diet alone—that is, warm milk out of a nursing-bottle, as directed under rule 8. Goat's milk is the best, and next to it cow's milk. If the child thrives on this diet, no other kind of food whatever should be given while the hot weather lasts. At all seasons of the year, but especially in summer, there is no safe substitute for milk if the infant has not cut its front teeth. Sago, arrow root, potatoes, corn-flour, crackers, bread, every patent food, and every article of diet containing starch cannot, and must not, be depended on as food for very young infants. Creeping or walking children must not be allowed to pick up unwholesome food.

Rule 8.—Each bottleful of milk should be sweetened by a small lump of loaf-sugar or by half a teaspoonful of crushed sugar. If the milk is known to be pure it may have one-fourth part of hot water added to it; but, if it is not known to be pure, no water need be added. When the heat of the weather is great the milk may be given quite cold. Be sure that the milk is unskimmed; have it as fresh as possible, and brought very early in the morning. Before using the pans into which it is to be poured always scald them with boiling suds. In very hot weather boil the milk as soon as it comes, and at once put away the vessels holding it in the coolest part of the house—upon ice if it can be afforded, or down a well. Milk allowed to stand in a warm room soon spoils and is unfit for food.

Rule 9.—If the milk should disagree, a tablespoonful of lime-water may be added to each bottleful. Whenever pure milk cannot be got try the condensed milk, which often answers admirably. It is sold by all leading druggists and grocers, and may be prepared by adding to six tablespoonfuls of boiling water, without sugar, one tablespoonful of the milk, according to the age of the child. Should this disagree, a teaspoonful of arrowroot, of sago, or of corn starch to the pint of milk may be cautiously tried. If milk in any shape cannot be digested, try, for a few days, pure cream diluted with three-fourths or four-fifths of water, returning to the milk as soon as possible.

Rule 10.—The nursing-bottle must be kept perfectly clean, otherwise the milk will turn sour and the child will be ill. After each meal it should be emptied, rinsed out, taken apart, and

the tube, cork, nipple and bottle placed in clean water or in water to which a little soda has been added. It is a good plan to have two nursing-bottles, and to use them by turns.

Rule 11.—Do not wean the child just before or during hot weather, nor, as a rule, until after its second summer. If sucking disagrees with the mother, she must not wean the child, but feed it in part out of a nursing-bottle on such food as has been directed. However small the supply of breast-milk, provided that it agrees with the child, the mother should carefully keep it up against sickness; it will often save the life of the child when everything else fails. When the child is over six months old the mother may save her strength by giving it one or two meals a day of stale bread and milk, which should be pressed through a sieve and put into a nursing-bottle. When from eight months to one year old it may have also one meal a day of the yolk of a fresh and rare-boiled egg, or one of beef or mutton broth into which stale bread has been crumbled. When older than this it can have a little meat finely minced; but, even then, milk should be its principal food.

BRIEF RULES FOR CASES OF EMERGENCY.

Rule 1.—If the child is suddenly attacked with vomiting, purging and prostration send for a doctor at once. In the meantime put the child for a few minutes in a hot bath, then carefully wipe it dry with a warm towel and wrap it in warm blankets. If its hands and feet are cold, bottles filled with hot water and wrapped in flannels should be laid against them.

Rule 2.—A mush poultice, or one made of flax-seed meal to which one-quarter part of mustard flour has been added, or flannels wrung out of hot vinegar and water, should be placed over the belly.

Rule 3.—Five drops of brandy in a teaspoonful of water may be given every ten or fifteen minutes, but if the vomiting persists give this brandy in equal parts of milk and lime-water.

Rule 4.—If the diarrhoea has just begun, or if it is caused by improper food, give a teaspoonful of a very weak solution of Champhor.

Rule 5.—If the child has been fed partly on the breast and partly on other food, the mother's milk alone must now be used. If the child has been weaned it should have pure milk with lime-water or weak beef-tea or chicken-water.

Rule 6.—The child should be allowed to drink cold water freely.

Rule 7.—The soiled diapers or the discharges should be at once removed from the room, but saved for the physician to examine at his visit.

RECIPES FOR SPECIAL FORMS OF DIET.

For the convenience of mothers the following recipes for special forms of diet are given:

Boiled Flour or Flour-Ball.—Take one quart of good flour; tie it up in a pudding-bag so as to make a firm, solid mass; put it into a pot of boiling water early in the morning, and let it boil until bedtime. Then take it out and let it dry. In the morning peel off from the surface and throw away the thin rind of dough, and with a nutmeg grater grate down the hard, dry mass into a powder. Of this from one to three teaspoonfuls may be used, by first rubbing it into a paste with a little milk, and finally by bringing the whole to just the boiling point. It must be given through a nursing-bottle.

An excellent food for children who are costive may be made by using bran meal or unbolted flour instead of the white flour.

Rice-Water.—Wash four tablespoonfuls of rice, put it into two quarts of water, which boil down to one quart, and then add sugar and a little nutmeg. This makes a pleasant drink.

A pint or half a pint of milk added to the rice-water before it is taken from the fire gives a nourishing food suitable for cases of diarrhoea.

Sago, tapioca, barley or cracked corn can be prepared in the same manner.

Beef-Tea.—Take one pound of juicy, lean beef—say a piece from the shoulder or the round—and mince it. Put it, with its juice, into an earthen vessel containing a pint of tepid water, and let the whole stand for one hour. Then slowly heat it to the boiling point, and let it boil for three minutes. Strain the liquid through a colander, and stir in a little salt. If preferred, a little pepper or allspice may be added.

Mutton-Tea may be prepared in the same way. It makes an agreeable change when the patient has become tired of beef-tea.

Raw Beef for Children.—Take half a pound of juicy beef, free from any fat; mince it very finely, then rub it into a smooth pulp, either in a mortar or with an ordinary potato-masher, and press it through a fine sieve. Spread a little out upon a plate and sprinkle over it some salt, or some sugar if the child prefers it. Give it alone or spread upon a buttered slice of stale bread. It makes an excellent food for children with dysentery.

Instantaneous Photography Made Easy.

In my own office if diffused sunlight be used on a bright day, an exposure of thirty to sixty seconds has often been necessary; but with the new method equally good pictures may be taken in the night or in a darkened room in the fraction of a second. This is brought about by the use of an artificial light produced by the instantaneous combustion of magnesium powder. This gives a momentary flash of light of surprising brilliance and amply sufficient for the purpose.

Magnesium by itself will not ignite or burn as rapidly as when in contact with some more easily inflammable substance, and I find by experiment that ordinary photographer's pyroxylin, or gun-cotton, is admirably adapted to the purpose in view.

The magnesium and cotton are arranged for use in the following manner: A tuft of cotton weighing about seven or eight grains is spread out as a thin layer on any metallic surface, as a stove-lid or tin plate. Ten or twelve grains of magnesium powder is next sprinkled evenly over the cotton.

The patient is then brought into position and the focus obtained in the usual manner. If in the day time, daylight may be used for focusing, but if at night or in a darkened room, a candle or lamp held near the patient will answer as well.

The cotton-magnesium is now adjusted or held by the side of the camera and slightly in advance of the lens, care being taken not to bring it within the view angle of the lens. The plate holder is then affixed to the camera and the slide withdrawn. The room is then absolutely darkened, and the lens uncapped. All being now ready, a lighted taper is applied to the cotton. This is followed by an instant flash which takes the picture. The lens is capped, the slide of the plate-holder is returned to its place, and the plate is ready for development, either by the operator, if sufficiently skilled, or by a professional photographer, if desired.

Since my first publication of this instantaneous flash process, a large number of substitutes for the cotton-magnesium combination have appeared. These are all in powder form and many of them contain chloride of potassium as an ingredient. Such mixtures are liable to premature and unexpected explosion and are not to be recommended when absolute safety is a desideratum. Care, therefore, should be taken to obtain a mixture entirely free from this objectionable substance.

When a full-length figure is to be taken, in order to show the generalization of an eruption, I am in the habit of using the photogenic mixture in a pistol cartridge, and firing it from the weapon in the usual manner.—*Piffard; Jour. Cut. Dis.—The Epitome.*

Principles of Plastic Surgery.

In an article on plastic surgery, Mr. C. B. Keetley says:

It will be granted that all parts of the body are susceptible to septic inoculation, therefore one of the first rules of plastic surgery should be: Thoroughly disinfect the parts to be operated on, the hands of surgeon, assistant and nurse, the instruments, sponges, ligatures, sutures and dressings.

As a preliminary to the use of such germicides as sublimate and carbolic acid, a prolonged washing and scrubbing with the liquid potash soap of Dr. Duncan, of St. Petersburg, is very useful. This soap has two excellent properties, (1) it is an extraordinarily powerful solvent of dirt; (2) it is itself instantly soluble in cold hard water or antiseptic lotions, so that it may be said to promptly "do its business and go about its business." But, bearing in mind that in plastic surgery one almost always desires union by the first intention, and that irritants, such as the stronger germicides, are not favorable to that, an ideal plastic operation should be aseptic rather than antiseptic. For this reason I generally, while keeping the instruments in a tray of carbolic, dip them into a basin of recently boiled, not boiling, water before touching the patient with them. But when they are even temporarily laid down again, it should be either into the tray or upon a carbolized towel, disposed around or near the site of the operation. The same recently boiled, not boiling water, is used as a douche and for the sponges. Some persons would prefer boracic lotion. I greatly doubt whether it has, for these purposes, any advantage over the boiled water. If the operation were to occupy days, instead of say half an hour, it would be a different matter.

With regard to ligatures, they should scarcely ever be used in plastic operation. Temporary pressure with sponge or forceps almost always suffices to check hemorrhage. The boiled water used at a temperature of about 120° will assist. Hare-lip pins or silver sutures can be often arranged not only to adjust the parts but also at the same time to control an obstinate vessel. The objections are manifest to a number of cat-

gut knots in a wound where perfect antiseptics is impossible.

I believe it may be laid down as an axiom applicable to surgery in general that even with the aid of antiseptics, the difficulty of obtaining union in a wound without suppuration increases geometrically with the length of time a foreign body is left unabsorbed in the wound. I may not be expressing myself properly, but I mean, for instance, that when in a simple osteotomy, even though it be done antiseptically, a large splinter of bone be chipped off, and left *in situ*, suppuration is ten times more likely than if no such splinter had been made. Very probably it is the case that, even with carefully applied antiseptics, a few germs find their way alive into the wound, but their chance of surviving and multiplying depends mainly upon their finding or not finding some dead or half dead organic nidus to receive them. It is, therefore, particularly desirable to keep catgut out of wounds when complete antiseptics is not only difficult but often impossible.

As a prophylactic against tedious and troublesome hemorrhage, the preference of scissors to the knife for the division of all structures, except occasionally the skin itself, is to be strongly urged. With regard to the skin, in dividing it, the precision attainable with a sharp scalpel is advised.—*Annals of Surgery.*

Drinking Water With the Meals.

The *Epitome*, in an abstract of an article by Dr. Leuf, in the *Boston Medical and Surgical Journal*, says: Dr. Leuf finds that water drank freely before meals is beneficial by thinning and washing out accumulated mucus, increasing the fullness of the capillaries of the stomach, and favoring peristalsis of the whole alimentary tract. The clean hyperæmic mucous membrane is then in excellent condition to receive food. Moreover, the stomach is distended by the drink, and its rugæ to some extent obliterated. Dr. Leuf has found by repeated vivisections of animals and post mortem examinations of healthy men who died by violence some time after meals, that the shape of the stomach varies with the degree of distension. The empty stomach, called the "tubular stomach," is of small calibre, the mucous membrane being deeply corrugated or folded, the muscular coat contracted and thickened. Gaseous distension, though frequently observed, is not the rule, nor is it strictly physiological. The flow of mucus is constant, and is especially

noticeable during the intervals between the periods of digestion. Mucus is normally secreted during the night, and the gastric walls in the morning are covered with a thick, tenacious coat of this substance. If food enters at this time, it will be covered with a coating of this tenacious mucus, which may for a time hinder digestion. The tubular contracted stomach, with its puckered mucous lining, always normal in the morning before breakfast, is not in a condition to receive food. The mucus it contains interferes with proper digestion, and its firm contraction is an obstacle to the free circulation of blood through the vessels. A goblet of water taken before breakfast, washes out this mucus, partly distends the stomach, starts peristalsis, and thus prepares the alimentary canal for the morning meal. He finds, moreover, that non-irritating liquids pass directly through the tubular stomach; they do likewise if the stomach contains food, and in such cases pass along the lesser curvature, they neither mingle with the alimentary bolus, nor impair the action of the gastric juice on the latter. Cold water should be given to those who have the power to react, and hot water to all others. In chronic gastric diseases, especially catarrh, it is very advantageous to drink warm or hot water before meals, and salt may be added with additional benefit in almost all instances.

So-Called Diphtheritic Sore Throat.

The various forms of sore throat which, under some circumstances and at certain stages, may be mistaken for diphtheria, are herpetic sore throat, or herpes pharyngis, common membranous sore throat or ulcero-membranous angina, and a septic sore throat.

In this vicinity the herpetic variety is by far the most common, and is the one which will be considered at this time.

The symptoms vary exceedingly; in some cases the constitutional, in others the throat symptoms predominate.

The natural history of a case is as follows:

There is a chill of varying intensity, from a slight chilly feeling to a "regular ague shake;" this is followed by considerable fever, and almost invariably the fever is accompanied by a general malaise, or "bone-aching all over." In many cases the patient will not complain of the throat during the first day of his sickness, and if it be inspected at this time, but a slight congestion will be observed, yet a closer inspection, with strong light, will reveal slight elevations of the mucous membrane of one or the other ton-

sil, more rarely the uvula, and most rarely the palatine arch.

In other cases, however, the throat symptoms are most marked from the beginning, and the patient will complain of severe pain in the act of swallowing, which is usually confined to one side, and frequently accompanied with earache on the same side.

In from twelve to twenty-four hours, if the throat is inspected again, the slight elevations noted before will have developed into vesicles, yet, since the vesicles are so easily ruptured when matured, they are rarely seen, except when they occur upon the uvula or extend further than usual into the mouth.

The bases of these broken vesicles on the tonsil now present an ulcerating appearance, or irregular patches of whitish, grayish, or yellowish membrane, varying in size from that of a split pea to that of a dime, will be seen. Occasionally these patches extend to the soft palate, uvula, and sometimes to the posterior pharyngeal wall. The membrane is much thinner and of a less dense structure than that of diphtheria, resembling many times the inner lining of an eggshell, and may be swabbed off easily, leaving an eroded surface which may bleed, but upon which the membrane rarely reforms. The glands of the neck upon the affected side are rarely much enlarged, though always tender upon pressure, even more so than in diphtheria.

Generally upon the second day the other tonsil becomes implicated and the deglutition is extremely difficult. Yet on the third day the throat trouble is but little complained of, relief coming very quickly. I have in a few instances seen small abscesses form in the tonsil or behind it. These form rapidly and open spontaneously in two or three days.

The question of the contagiousness of these sore throats is in my mind unsettled. I have seen so many cases apparently spread from one member of a family to another as almost to lead me to the belief of their contagious character.

If a diagnosis is impossible at the first or second visit, any opinion or decision should be reserved, but isolation of the patient insisted upon. — *Peoria Med. Monthly*.

Laparotomy in a Child One Hour Old.

The child was perfect in every respect, vigorous and healthy, except that the bowels, commencing close to the duodenum, down to the sigmoid of the colon and omentum, with the mesentery, dragged through a small opening in the umbilicus, and had been developed in a sac

formed in the umbilical cord. The sac would have contained about a pound and a half. I found that it was impossible to return them through the opening without enlarging it, and then when I commenced to enlarge the opening I found that the abdominal cavity was so contracted from the absence of the bowels being developed in it that it would not contain them without enlarging it. I therefore made an opening, commencing in the umbilicus, running up two inches, and then began stretching the walls of the abdomen with my fingers; then catching portions of the bowels and forcing them down into the cavity, while assistants, with hooks passed through the cut edges of the walls of the abdomen, held them firmly up. In about twenty minutes I succeeded in forcing them in and closing the wound with five sutures and ligatures to the cord close up to the natural skin. The operation was performed October 2, 1887, without chloroform or an anæsthetic of any kind, and as far as any visible signs were manifested by the child in struggling, crying, shock or pulse, that it was suffering pain, there was none to be seen. For all that you could see the child might have been enjoying the operation hugely, nor has there been the least unpleasant symptom since. I gave it a small teaspoonful of castor oil to be sure and get an operation from the bowels, which operated freely. I have given five or six doses of one-third of a drop of Tincture opii. The child sleeps and nurses well, the stitches are out and the cord is separating nicely. How long after birth before the nerves of sensation are brought into action? They were certainly not in action when I performed this operation.—*Jour. Am. Med. Assoc.*

A Death During, and a Death Before the Administration of Ether.

By D. HAYS AGNEW, M.D.

On the 3d of August, 1887, I was called to visit, by appointment, Mr. R. D., æt. forty-five, at his hotel in Philadelphia, for the purpose of removing two ulcerating hemorrhoids, which had resisted the ordinary means of treatment for several months, and were causing the patient great discomfort. Dr. White was asked to accompany me and administer the ether. There were no ascertainable reasons why an anæsthetic should not be given, as neither the heart nor the kidneys were diseased, and the patient appeared to be in good health. Only one year previous I had divided and stretched the sphincter ani of Mr. D. for fissure, administer-

ing the ether myself, and after anæsthesia, entrusting the agent to a friend of the patient, who was present, for the brief time required for the operation. About six ounces were taken this time.

At the time of the last operation nothing occurred during the early stage of the inhalation, other than is witnessed every day when ether is exhibited. In the course of fifteen minutes the patient, though rigid, was placed across the bed. One of the tumors was dragged down, transfixed, and ligated with a double ligature. When about to seize the second, the breathing, which had been strong and free, suddenly ceased. The operation was immediately suspended and the usual methods of resuscitation instituted. These consisted in examining the throat for the probable presence of some obstructing cause, dragging the tongue forward, the use of artificial respiration, flaggellating the surface with the end of a wet towel, ammonia to the nose, partial inversion of the patient, and, finally, the passage of the electro-galvanic current through the phrenic nerves. Notwithstanding these measures were persisted in for at least three-quarters of an hour, during twenty-five minutes of which time the pulsations of the heart could be recognized, not a single effort of natural respiration occurred. The man was dead.

The post-mortem made by Dr. Formad revealed complete collapse of the lungs, marked traces of an old meningitis, attributed to a former sunstroke, and what satisfactorily explained the sudden termination of life, the rupture of a calcified vessel in the floor of the fourth ventricle, the recognized physiological center of respiration; all the vessels comprising the circle of Willis were in a similar state of atheromatous degeneration. It was evident, therefore, that the increased vascular tension of these cerebral vessels, caused by the ether, determined the lesion, a result which might have followed any unusual excitement, mental or physical. The heart and kidneys were healthy.

The question naturally occurs: Could this sad disaster have been prevented? Certainly, in view of all the circumstances, it could not. 1st. The ether was that known as Squibb's. The can contained eight ounces; two ounces remained in the vessel; two ounces, it is fair to suppose, had been retained in the folds of the towel, leaving four ounces, or, at most, less than five ounces which had been inhaled. 2d. There was a sufficient admixture of atmospheric air with the respired vapor as the an-

æsthetic was administered from an ordinary towel folded into a cone and with an opening at the apex. 3d. The position of the administrator, Dr. White, that of reclining alongside of the patient, with the face of the patient in full view, would have enabled him to detect at once any signs of approaching danger, which, from his long experience in giving anæsthetics, would have been quickly recognized; and, last, the impossibility of being able to ascertain, during life, the state of the blood-vessels of the brain disclosed by the autopsy, and rendered very improbable in a man of forty-five years of age.

I was called to one of our suburban towns to see a case of strangulated hernia. The patient was a female about seventy years of age. The intestine had been incarcerated for three days. Her pulse was quite good, and there was no sign of collapse. I noticed the pupils were much contracted, no doubt from the opium which had been administered. I directed her medical attendant to place the patient properly in bed, and prepare a cone for giving the anæsthetic, while I made my preparation for the operation. This was done. In a few minutes I was ready to proceed, and then told the doctor to give the ether. While reaching for the bottle, and before removing the cork, the patient gave a sudden convulsive movement, at the same time ejecting a large amount of stercoraceous matter from the stomach, and expired in a moment.

Had the etherization been commenced, or the operation begun, before the death of the woman, the fatal result would have been charged to either the anæsthetic or to the knife.—*Phil. Med. News.*

The Simplest Method of Cataract-Extraction.

He had had an experience of 5,019 extractions since the beginning of his ophthalmological practice in 1855. He had not invented any new instrument. With the progress of antisepsis and anæsthesia, there was less need than formerly of dexterity of manipulation. He regarded cleanliness and disinfection as clearly identical. He avoided the use of carbolic acid on account of its irritant effect. Preparatory to the operation, he washes the whole face of the patient, then instils a few drops of cocaine. Immediately before operating, he washes the everted eyelids with a three per cent solution of boracic acid. The operation may be done without a speculum. The only instruments necessary are a Graefe knife, and simple forceps to fix the eyeball. The cut is made downward, and the same knife is used

to lacerate the capsule through the intact pupil. Fixation should be abandoned when the patient is restless. Deliver the lens by gentle stroking, then remove the speculum, and rub the closed eyelids over the cornea, and wash again with the same solution of boracic acid. Then a light compress is put on, and retained by means of a strip of adhesive plaster, passing from temple to temple. The plaster should not be allowed to remain longer than four days, on account of its irritant effect upon the skin. In high degrees of atheroma it is better to do an iridectomy, as there may be a resulting leucoma. In such cases Dr. M. does the combined operation, making the iridectomy upward. In another form of corneal extraction he uses a lance shaped knife to make the incision and open the capsule. Here he fixes the eye at the lower margin of the cornea. The iris seldom protrudes, and if it does, cut it off. In this form of extraction, if traumatic cases be eliminated, there is scarcely any bad result. He spoke of modifications in procedure, where the cataract has a hard, large nucleus, and of the necessity for an iridectomy where a foreign body was in the lens, to guard against its being brushed off by the iris during extraction and left in the eye.—*Dr. Mooren, of Düsseldorf.*

The Green Diarrhoea of Children.

Another alleged triumph of the microbe is brought to light through the researches of M. Hayem and his assistant, Lesage, who affirm that this industrious creature is the cause of the green stools of children. These investigators assert that for the first twenty to twenty-five days after birth, diarrhoea occurring in children is apt to be bilious in nature, but such a form of diarrhoea becomes more and more rare up to the age of six months. After this time if the discharges are examined in cases of green diarrhoea, an innumerable number of pathogenic bacilli will be found, to such an extent that to their presence is due the peculiar mucus character of these stools; while the coloration is due not to the bile-pigments, which are entirely absent, but to a peculiar pigment secreted by the bacilli themselves, and which may be reproduced in artificial cultivations of the microbes. It would, therefore, seem clear that because the passages in a case of diarrhoea are green it is not warrantable to speak of them as bilious, since in many cases bile-pigments will be entirely wanting in cases of green diarrhoea. Further than this, it would seem that this form of specific diarrhoea is contagious, and may be

produced in different animals by the induction of the bacilli through various means. While it is claimed, however, that there is a certain amount of probability in the contagion of the disease, of course it does not imply that dyspeptic troubles are without influence on the development of this form of diarrhoea, since it is readily conceivable that indigestion, by preparing the soil, may favor the production of this bacillus. Hayem and Lesage have found the greatest success in the treatment of this form of diarrhoea by the administration of a two per cent solution of Lactic acid in teaspoonful doses. Of course, in this form, as in other forms of diarrhoea, the diet must be regulated. Care must be taken to employ disinfection of the stools to prevent the spread of the affection, and by proper care it is claimed by these means the mortality of this microbic form of diarrhoea may be reduced to a minimum. — *Therap. Gaz.*

Ventilation of the Beds of the Sick.

In the Cambridge (Mass.) Hospital there is an arrangement for the ventilation of the beds not generally known; it is so effective that I wish to describe it. Beneath each bed is a ventilating tube of about eight inches in diameter, fifty square inches area, leading directly through the floor to a foul-air tank, beneath which it communicates with the main ventilating chimney. About 2,000 cubic feet of air an hour is thus drawn from beneath each bed. This ventilating tube is connected with the bed above by a four-inch pipe of tinned plate, with a proper cover and joints, which passes around the side or foot of the bed and into it beneath the clothing. This pipe is lengthened with one of the same size of pasteboard or other substance, a non-conductor of heat, reaching to any part of the bed. By this simple means foul air is removed as fast as formed, the bed kept free from odor, and the patient's body is no longer surrounded with contaminating gases. As the air presses inward through the porous bed-clothing none escapes into the ward. Further, a two-inch flexible pipe is adjusted to that just described, and slipped over the hollow handle of the bed-pan when in use, carrying off odor from that also. In the same hospital similar means connect the beds in the private wards with the chimney of an ordinary fire-place, up which the pipe reaches about four feet to insure a good draught with a moderate fire; the part in the chimney is of black iron. The advantages of such an arrangement in cases of sloughs, foul

ulcers, cancers, and in fevers with frequent faecal dejections, are obvious. It may be supposed that the passage of air through the bed would cool it too much. Practically it does not; probably the quantity of air passing is about the same as in beds ordinarily at the same temperature of the room, but in a different direction. — *N. Y. Medical Journal.* — *Am. Med. Dig.*

Enlargement of the Glands at the Base of the Tongue.

Dr. J. M. Schley calls attention to a condition which, he thinks, is often overlooked. He describes it as follows:

A young singer applied at my clinic for treatment. She was thin of form, nervous, and anxious about her condition and voice. Her main support was by singing. On careful physical examination nothing was discovered beyond an insufficient mitral valve. She was not hysterical, neither had she ever had an attack of hysteria. The nasal fossæ were healthy, the naso-pharyngeal space slightly hyperæmic, posterior wall of pharynx healthy, larynx normal. She complained of fullness in the pharynx, a desire to swallow something in the pharynx at times causing pain, always causing discomfort, a stiffness (?) of the tongue, and an impossibility to gauge or modulate her voice as she was accustomed to do. She located her trouble correctly — as I found afterwards — at the base of the tongue, for, after satisfying myself of the general healthy state and appearance of the surrounding tissues, my examination was directed to the papillæ. Here I found congestion, enlargement, and sensitiveness to the touch.

This patient was very persistent in her attendance, and after three or four months' treatment with a *strong* Lugol solution she has been nearly entirely relieved. Apis met. 1x, Lachesis 6x, and Mercurius dulc. 11x were the medicines administered seriatim.

This was the first case of the kind I had noticed, the glandular tissue being markedly enlarged, reddened, overlapping the epiglottis in its center and on its sides. I thought I had noticed or perhaps could define a new malady from this person's novel condition, but found on looking over recent literature that similar states had been observed and written upon. There is no doubt that such pathological conditions are mistaken often for others. I believe homœopathic treatment will cure these congestions and hypertrophies often without local treatment or cauterization. — *P. & S. Investigator.*

Feeding Patients During the Night.

The exclusive ingestion of food by day is insufficient for the body in disease, and it becomes necessary, then, to feed the patient at night also. The manner in which it is to be taken, and the amount, are questions which may not be established by general law. Each case has its own requirements. Patients themselves do not often know how much they are reduced, as inanition sometimes progresses very slowly, for instance, in chronic phthisis; here, too, appetite becomes blunted. It is only by direct experimentation, thus, upon each case, that the time, amount, and frequency of food can be established. Yet it may be stated, in general terms, that the most appropriate time is between nine and ten in the evening and one and three in the morning. The character of the food is to be determined according to circumstances; it should be, in general, easily digestible food. Alcohol and cod-liver oil may be of great utility at times.

The diseases which call for this supervision as to night food are, beside the acute and chronic, hemorrhages, bronchorrhœas, suppurations, diarrhœas, diabetic conditions, convalescence after exhausting diseases, inanition after nervous diseases, long continued hysterias, hypochondriases, and other mental conditions; also in mental overwork, premature senility, inanition consecutive to chronic gastric catarrh, profuse sweatings, physical exhaustion, infantile atrophy, dropsies, etc.

Inanition often occurs so insidiously that the patient himself is not aware of it. A most particularly valuable symptom indicative of its invasion is sleeplessness, in combat with which alcohol is a remedy not to be underestimated. It is certainly true that some reduced patients are more or less somnolent; these patients, too, require nocturnal food.—*Mass. Med. Jour.*

Galvanism in Dysmenorrhœa.

Have experienced many beneficial results from the use of galvanism in the cure of dysmenorrhœa. The greater number of cases, as found in ordinary practice, can be very much relieved by electricity, and many of them permanently cured. Whatever the condition of the endometrium, which fails to allow the free flow of the blood into the cavity of the uterus, thus causing distension and pressure with pain of greater or less severity, the free and steady flow of the galvanic current through the uterine organs is most efficacious in relieving this congestion and preventing pain.—*Med. Index.*

CORRESPONDENCE.**Homœopathy in the East.**

DANBURY, CONN., APRIL 20, 1888.

To the Editor of the Medical Era:—

Having just returned from the Commencement Exercises of the New York Homœopathic Medical College and Free Hospital held on the 13th inst., in Chickering Hall, followed the same evening at Delmonico's by the most enthusiastic meeting of the Alumni Association it has been my privilege to attend, I feel anxious that our western brothers may know just what a "boom" we are having and may be encouraged thereby.

The keynote of all the speeches was that homœopathy, with a large H, has come to stay.

From every quarter came reports of new victories for those who uphold the banner of Hahnemann, but for New York City will be reserved the honor of making the year of 1888 one of rare achievement in the progress of homœopathy on this continent.

Our college has long since outgrown its present quarters and those having its interests most at heart have planned for such a building as would place it on a plane with any school of medicine, old or new, in the United States, and there is every prospect now that soon these plans will be consummated.

Your readers have probably all read of the Grand Homœopathic Fair held the first week of April under the personal supervision of some of the most prominent society ladies of New York City. The result was that \$16,000 were handed over to the trustees as an aid to the building fund.

Sixteen lots have already been purchased and paid for and over a dozen beds endowed with subscriptions of \$5,000 each.

One gentleman has promised to build and equip a free surgical hospital whose appointments shall be second to none in the world.

There will also be a free maternity hospital and training school for nurses in connection with the hospital and dispensary departments.

In short, we shall soon have in our metropolis a college where *everything* is taught that is of value in the relief and cure of the sick or wounded, and founded on the granite rock discovered by Hahnemann.

E. ELMER KEELER, M.D.

Intestinal Gas.

Dr. Taylor, of Concord, Mass., asks for suggestions for a remedy for the following case:

Male, aged 60, has for the past twenty-five years suffered from accumulations of gas in the intestines; he has been prescribed for in all parts of the world and by all sorts of practitioners, with only temporary relief. He is of spare habit, nearly six feet high, and weighs but 130 pounds. He has *canine* appetite most of the time, but is temperate in all things, especially in diet, yet most of the time he is bloated with gas, which at times passes freely; it is generally inodorous, but at times has a sulphurous smell. When the gas is passed freely his spirits are good, and he has abundant energy. But when the gas is incarcerated, there is great depression, loss of memory, and life is a burden to him.

The case has so far resisted treatment, and those having had similar cases to treat are requested to give Dr. Taylor the benefit of their experience.

A General Abandonment.

In the last number of THE MEDICAL ERA I read the following sentence, quoted from Dr. Samuel O. L. Potter, of San Francisco. He says: "I abandoned homœopathy *before entering into practice*," etc. That was enough. On the same principles I want to hold myself up to the admiring gaze of mankind as a reformed inebriate, and I want to tell you it takes a great deal of confidence to sustain a man in such a position. To be sure I never drank a glass of liquor of any sort in my life. No! I abandoned it before I began, but what I don't know of the holy terrors of delirium tremens would fill a book.

But I did some more abandoning. I once listened to a few medical lectures, by some very learned and honorable gentlemen who knew all about homœopathy, and who gave me such a description of it, that I was led to abandon it wholly and utterly. To be sure, I didn't know any more about it than Dr. Potter does of "Symmes Hole" at the north pole, but I abandoned it with a vengeance, and I verily thought any body else was a fool who didn't do likewise.

After a time I fell sick. The wisest of those fellows who had taught me to abandon homœopathy tried to cure me. They prescribed big bottles full of nauseous stuff, which I faithfully took for a year or more and got worse all the time. There loomed up before me the prospect of what seemed to me a very premature abandonment of this life and my wife and babies.

Things were getting very serious. More than once I discussed with my wife the veritable probability of an early demise, and the "valley of the shadow of death" was not a cheerful promenade I can assure you. Then it chanced, or Providence ordered—I fell in with Dr. Eaton, of Cincinnati, who in a few moments of casual conversation learned of my condition, and voluntarily prescribed for me, and gave me a small vial of medicine. In less than two weeks I was well—restored to health—and I have never had a return of the same difficulty. It was my first practical and real knowledge of homœopathy.

I knew something, both theoretically and practically, of allopathy, but had never attempted nor intended to practice medicine in any form. But I abandoned allopathy then and there—at once and forever, as a system of medicine, and opened my eyes wide to discover the merits and principles of homœopathy, which had given me such signal help. Sickness and the sight of death, all too near for comfortable contemplation, may not yet have spoken in a personal manner with Dr. Potter. When they do, and when homœopathy offers to remove the spectres—the reception of Dr. Wesselhœft's reproving of Carbo veg. may not seem to be such a *very* important matter after all. There's still a chance for Dr. Potter to do some very lively abandoning. Yours,

W. E. HATHAWAY.

For Consultation.

TACOMA, W. T., FEB. 20, 1888.

Editor of The Medical Era:—

The following is a case for consultation and advice: Mr. G.—, æt. 28, married; Nervo-bilious temperament; consulted me on 13th inst. and presented the following: Two years previously had been a tinner and in his rambles about Portland, Ore., in the evenings, had made the acquaintance of a member of the *demi monde* fraternity from whom he contracted the gonorrhœa. Was treated allopathically by injections. —(strong.)— Discharge stopped but appeared again. Was then treated by another allopath, who said he could cure him, but would have to give him strong injections. Did so and discharge stopped. Never had any further trouble, but shortly after he went into office work and in connection with a malarial attack, for which he took heroic doses of Quinine, he acquired a "constipated habit." Sometimes the concretions would have to be removed by instrumental means, they became so impacted. Little circular mac-

ulæ now appeared on the body in different places about the size of a small pea, dark-brown in color, more especially on shoulders and lower abdomen. He was again treated by regulars (?) with washes and salves, and lotions externally, and Iodide of potash, Iodoform, Sarsaparilla, etc., internally with little or no benefit. Thinking confinement was operating against him, he took the road and is now traveling. His health improved considerably and the maculæ disappeared except a few scattering ones, but he does not feel well. In his own language "feels as if in need of a tonic." Has no appetite. Feels weak and "run down." Sleeps well; circulation fair; bowels move naturally, (keeps them "open" by fruits,) urine, specific gravity 10:30, slightly alkaline. Normal in quantity. In appearance he is dark sallow and thin, always feels better at night — worse during day. After an hour's questioning could not get a guiding symptom, so gave him "on general principles" Fe et Strychnia 3x. At 10 p. m. he took a dose (about 1½ grs.) and at 12 p. m. I was called to go and see him. I found him just recovering from a veritable Strychnia convulsion. Said he felt the medicine a few minutes after he took it. I ordered it discontinued and next day he called at the office and I gave him Fe et China 3x with instructions to call and see me in a week.

He had been treating with both schools and says he always feels worse under homœopathic treatment, but still wants to try it again. It is evident that he is very susceptible to the action of medicines.

I am a young practitioner and would like to do the best for my patient. I have had several of these "discouraged" cases from other M.D.'s which I have treated with the most gratifying results, but this one puzzles me. Please give me a diagnosis and outline of treatment and oblige,

Yours fraternally,

F. W. SOUTHWORTH, M.D.

ABSCISS IN THE BRAIN.—On Aug. 1, a child was admitted into St. Vincent's Hospital, Sydney, suffering from symptoms of cerebral abscess. Dr. W. Odillo Maher, who at a previous operation had removed part of the frontal bone, passed a knife nearly two inches into the brain, and striking the abscess, let out about two ounces of pus. The child made a good recovery, and is now walking about, apparently perfectly sane and well.

NEWS FROM THE COLLEGES.

Ann Arbor.

UNIVERSITY OF MICHIGAN.

In speaking of amenorrhœa, Prof. Wood says to treat the *patient* and not the amenorrhœa. Never use remedies to hasten menstruation. There is such an intimate relation between the lungs and the organs of generation that if one region is diseased both are likely to cause trouble.

Where Ferrum is used in treatment of suppression of menses it should be in very small doses.

Parcira brava is a too much neglected remedy in the treatment of cystitis, especially in the chronic form, with dysuria and urging to micturition; ammoniacal urine with thick, white viscid mucus or deposit of red sand.

Prof. McLachlan says Mercury follows Aconite and Belladonna well in the treatment of perinephritis. In the mild form Mercurius sol., but laer Mercurius corr. In old cases with hectic fever, Arseniate of quinine 3x.

Hot fomentations of Hamamelis, 1 part to 2 of water, applied continually to the back, is a useful remedy in congestion of the kidneys.

Prof. Arndt recommends Aurum in the treatment of chronic nasal catarrh, in scrofulous persons, especially where there is a mercurial or syphilitic taint. It is also useful in prolapse and induration of the uterus, in syphilitic iritis when the bones of the orbit are involved and in syphilitic eruptions.

In the treatment of ophthalmia and granulated lids a local application of Silver nitrate, 15 or 20 grs. to the ounce of water.

In the acute and early stages of gonorrhœa Argentum nit. is useful.

Cantharis is not used as often as it deserves to be in the treatment of pleurisy. It is especially useful in cases for which Aconite was formerly prescribed.

Plumbum is useful in intestinal obstruction or hernia, but in the treatment of such cases the physician should depend more on his surgical knowledge than on his materia medica.

Speaking of skin grafting, Prof. Obetz says: Always take the grafts from the person to be operated on, for fear of some constitutional disease. The bits of skin need be no larger than half a grain of rice. Place them about a quarter of an inch from the edge of the sore, which must be a perfect healing one, covered with granulations and surrounded with live, healthy skin.

Nitrate of silver is useful to tease or irritate a weak wound, but for destroying a malignant growth it is not good.

Never apply grease to an ulcer. It gets foul, and dirt collects with it so that the result is generally a chronic ulcer. If the sore is a healthy, healing one, apply nothing but a water dressing.

To desiccate a weak ulcer use sugar or Quinine.

In the treatment of an indolent ulcer the following outline was given: Correct the position to help the veins; give physiological rest; apply pressure with bandage or adhesive straps and keep very clean; give nourishing diet, and treat the constitutional condition. The indicated remedy, alone, will not cure a chronic ulcer.

In washing a wound with carbolized water be careful not to have the solution too strong, or it will dissolve the clots of blood plugging the capillaries, and prolong the hemorrhage.

In redressing a wound, change every piece of dressing except the macintosh, which should be thoroughly cleansed. Dryness is the fundamental rule of success.

Iowa City.

STATE UNIVERSITY.

Prof. Cowperthwaite has often impressed on the students not to become "routine prescribers," but to closely differentiate between remedies. Ipecac, he says, is too often given where Iris versicolor would be the similitum. Nausea and vomiting accompanied with headache, is not a case for Ipecac, but for Iris.

Lobelia is often useful in pneumonia and capillary bronchitis. Make a cornmeal poultice, on which sprinkle Lobelia, and then cover with gauze; moisten with hot water, and wrap around the affected part. In pneumonia Capsicum should be added. In erysipelas and in poisoning from Rhus tox., the parts should be painted with Lobelia tincture.

Prof. Cogswell recommends the use of whisky in colic of children, if Acon. or other remedies fail—three or four drops in a spoonful of warm water often brings prompt relief.

Tendency to chafing or soreness in groins or axilla is promptly relieved by powdered Magnesium sprinkled over the surface.

Always avoid lancing the gums in teething children, as inflammation will set up and a cicatrix result. It is much better to rub the gums with the thumb nail or a piece of charcoal. Verat. vir. 2x should be given early.

Cook County Hospital Notes.

Silicea 3x gave prompt relief in a case of chronic rheumatic arthritis of both knees, after all other remedies had failed, the trouble subsiding at once. The joints were swollen and painful, especially on motion, and had been so for over three months.

Naphthalin 2x cured a case of gonorrhoea of two months' standing; dose every two hours. The trouble subsided entirely after one week's treatment with the above remedy. No injections were used whatever.

A German was brought to the hospital by his friends, none of whom could give an intelligent account of his case. They finally managed to say that something had been injected into the patient's arm by a physician who had been called in, and who, supposing the patient about to die, sent him to the Hospital. He was apparently suffering intense pain about the epigastrium. Some remedies were administered and fomentations as hot as could be borne applied. In three hours the patient's respirations had fallen to seven per minute, the pupils contracted to the size of a pin-head, and the skin had assumed a dark, blue tinge, all of which clearly indicated narcotism from an over-dose of Morphine. Atropine gr. 1-120 was administered every half hour until the respirations had risen to sixteen per minute, and six doses given. The faradic current and flagellation were employed. The trouble subsided in about eight hours. Muriatic acid in drop doses was administered every two hours for a few days, when the patient was discharged all right.

A German, stepping on a rusty nail, ran it quite a distance into his great toe. A week later he was admitted to the Hospital with tetanus and died in twelve hours.

If one desires a speedy action of drugs swallowed, as if given hypodermically, they should be given in hot water. One-half of the dose will suffice if given hot, as it is quickly absorbed from the stomach and the force of the drug thrown upon the system at once.—*P. and S. Investigator.*

LACTATED FOOD.—A regular size package of Lactated Food will be sent, charges paid, to any physician who is not yet acquainted with its merits. It is a cooked and pre-digested food. Wells, Richardson & Co., Burlington, Vt.

SOCIETY MEETINGS.

**THE THIRTY-THIRD ANNUAL MEETING OF
THE ILLINOIS HOMŒOPATHIC MED-
ICAL ASSOCIATION.**

To be Held at Central Music Hall, Chicago, Illinois,
Commencing Tuesday, May 15, at 10 o'clock
a. m., and Continuing Three Days.

HEADQUARTERS:—At the Sherman House, at reduced rates to mem-
bers of the Association.

OFFICERS FOR 1888.

President: C. B. Kinyon, M.D., Rock Island.
Vice-Presidents: Geo. A. Hall, M.D., Chicago;
F. W. Gordon, M.D., Sterling; H. P. Skiles,
M.D., Chicago.

Secretary: Curtis M. Beebe, M.D., Chicago.
Treasurer: A. A. Whipple, M.D., Quincy.

ORDER OF BUSINESS.

The Association will hold two sessions daily,
from 9 o'clock a. m. to 12 m., and from 2 o'clock
to 5 p. m.

TUESDAY, MAY 15.—MORNING SESSION.

The Association will be called to order at 10
a. m., by the President, C. B. Kinyon, M.D., who
will deliver the Annual Address. Subject: Sug-
gestions Regarding the Short-comings and Mis-
conceptions in Medical Education.

Appointment by the President of an Auditing
Committee.

Appointment of a Committee on the Presi-
dent's Address.

Reports of Standing Committees.

Next in order will be the Report of the

[Only the names of those members of bureaux are given who
have already handed in the subjects of their papers.]

*Bureau of Medical Legislation, Jurisprudence and
Education.*

J. A. Vincent, M.D., Springfield, Chairman.

Bureau of Obstetrics.

L. C. Grosvenor, M.D., Chairman; Subject:
Infant Hygiene, an illustrated paper.

A. A. Whipple, M.D., Quincy; Subject: Ob-
stetrical Emergencies.

R. N. Foster, M.D., Chicago; Subject: Man-
agement of the Breast.

Bureau of Ophthalmology and Otology.

F. H. Foster, M.D., Chicago, Chairman.

C. H. Vilas, M.D., Chicago; Subject: Clinical
Eye Cases.

J. H. Buffum, M.D., Chicago; Subject: Eye
Headaches.

TUESDAY, MAY 15.—AFTERNOON SESSION.

Bureau of Materia Medica.

W. J. Hawkes, M.D., Chicago, Chairman.
W. S. Gee, M.D., Chicago; Subject: A Study
of Belladonna and Calcarea Carb.

Bureau of Pathology, Physiology and Histology.

M. J. Bleim, M.D., Chicago; Chairman; Sub-
ject: The Liver as an Eliminator of Poisons.

Bureau of Diseases of Women.

R. Ludlam, M.D., Chicago, Chairman.
Curtis M. Beebe, M.D., Chicago; Subject:
Alexander's Operation.

M. J. Bleim, M.D., Chicago; Subject: Phi-
mosis in the Female.

Julia R. Lowe, M.D., Chicago; Subject: The
Medical Aspect of the Method of Delsarte.

E. S. Bailey, M.D., Chicago; Subject: Dia-
betic Vulvitis.

WEDNESDAY, MAY 16.—MORNING SESSION.

Bureau of Clinical Medicine.

C. E. Ehinger, M.D., Chicago; Subject: Top-
ical Treatment in Diseases of Throat and Lungs.

Clifford Mitchell, M.D., Chicago; Subject:
Relation of Urinary Analysis to Diagnosis.

Ch. Gatchell, M.D., Chicago; Subject: In-
testinal Inertia.

W. W. M. Davison, M. D., Chicago; Subject:
Diabetes Mellitus.

WEDNESDAY, MAY 19.—AFTERNOON SESSION.

Bureau of Neurology, Psychology and Electrology.

N. B. Delamater, M.D., Chicago; Chairman.
Chas. Koier, M.D., Chicago; Subject: Tetanus
Complicating Erysipelas.

Bureau of Surgery.

Henry Sherry, M.D., Chicago; Chairman;
Subject: The Treatment of Fractures of the
Femur.

E. H. Pratt, M.D., Chicago; Subject: Stone
in the Bladder.

W. F. Knoll, M.D., Chicago; Subject: A Sim-
ple Operation for the Radical Cure of Hernia.

H. P. Skiles, M.D., Chicago; Subject: Ori-
ficial Work in Children.

A. B. Spach, M.D., Chicago; Subject: Treat-
ment of Simple and Compound Fractures.

Evening Session, Address by Prof. J. D. Buck,
M.D., Cincinnati, "The Coming Physician."

THURSDAY, MAY 17. — MORNING SESSION.

Bureau of Diseases of Children.

F. W. Gordon, M.D., Sterling, Chairman;
Subject: Children and Hygiene.

R. N. Tooker, M.D., Chicago; Subject: Post
Diphtheritic Paralysis.

Ch. Gatchell, M.D., Chicago; Subject: Intes-
tinal Activity.

Belle Shotwell, M.D., Peoria; Subject: The
Responsibility of the Family Physician.

M. Huston, M.D., Dwight; Subject: Hæmor-
rhagic Scarlatina.

Bureau of Anatomy.

C. E. Lanning, M.D., Chicago; Chairman.

Bureau of Sanitary Science and Hygiene.

J. E. Gilman, M.D., Chicago, Chairman; Sub-
ject: Cremation.

L. C. Grosvenor, M.D., Chicago; Subject:
Preventive Medicine.

THURSDAY, MAY 16. — AFTERNOON SESSION.

Bureau of Pharmacy.

Jas. E. Gross, M.D., Chicago; Chairman.

Bureau of Medical Literature.

S. Leavitt, M.D., Chicago; Chairman.

Bureau of Necrology and Statistics.

L. C. Grosvenor, M.D., Chicago.

Election of Officers for the ensuing year.

Appointment of Committees and of Delegates
to other Societies.

Selection of time and place of next meeting.
Adjournment.

CURTIS M. BEEBE, M.D., Secretary,
23 South Ashland Av., Chicago, Ill.

The Western Academy.

The Western Academy of Homœopathy will
hold its Fourteenth Annual Uniting at Chicago,
May 29, 30, 31, 1888.

OFFICERS.

President, J. M. Crawford, M.D., Cincinnati,
O.; Vice President, W. H. Caine, M.D., Still-
water, Minn.; Gen'l Secretary, C. J. Burger, M.
D., Booneville, Mo.; Prov. Secretary, E. T. Allen,
M.D., Omaha, Neb.; Treasurer, G. W. Foote,
M.D., Galesburg, Ill.

C. J. BURGER, M.D., Secretary,
Booneville, Mo.

The 19th annual meeting of the Homœopathic
Medical Society of the State of Michigan con-
venes in the city of Ionia, May 15 and 16, 1888.

R. B. HOUSE, M.D., Secretary.

The Twenty-second Annual Meeting of the In-
diana Institute of Homœopathy will be held at
Indianapolis, May 16 and 17, 1888.

The Homœopathic Medical Society of the
State of Wisconsin will meet at the Plankinton
House, Milwaukee, May 23 and 24, 1888.

JOSEPH LEWIS, JR., Sec'y.

The Texas State Homœopathic Medical Society
will hold its fifth annual meeting at Dallas,
Texas, May 1 and 2, 1888.

W. F. THATCHER, M.D., Secretary.

The twentieth annual meeting of the Homœo-
pathic Medical Society of the State of Kansas,
will be held at Wichita, May 2 and 3, 1888.

P. DIEDERICH, President,

J. F. ELLIOTT, Secretary.

Chattanooga.

At an adjourned meeting of the Homœopathic
Physicians, of Chattanooga, Tenn., held Wednes-
day evening, April 11, 1888, a permanent
organization was formed with Dr. E. H. Price as
President, Dr. W. W. French, Vice-President, and
Dr. G. E. Harrison, Secretary and Treasurer.
They are to have regular meetings on the first
Wednesday evening, 8 o'clock, of every month,
when papers, cases and other matter pertaining
to the good of the profession will be read and
discussed. The name of the society is "The
Chattanooga Homœopathic Medical Society."

G. E. HARRISON, Sec'y.

Kansas City Hospital College of Medicine.

This institution, after having run for six
years, now comes out as a Homœopathic Col-
lege, under the deanship of our well-known
friend, Dr. F. F. Casseday. The faculty prom-
ises to do work of which homœopathy will never
be ashamed. Our school has made remarkable
growth in the Southwest in the past ten years,
and the presence of this college in the metrop-
olis of the region will strengthen it materially.
All that is wanted is for the faculty to do "good
work," and put their standard high. Then no
one can complain.

THE Association of American Medical Editors,
which meets at Cincinnati May 7, will discuss:
1. Is the multiplicity of medical journals an
advantage to the profession? 2. How far do
medical journals distributed by drug houses in-
terfere with regular medical journalism?

PERSONALS.

Dr. F. B. Home has moved from Keota, Ia., to Beloit, Kan.

Dr. E. H. Pratt will sail for Europe on the S. S. Gallia, May 8.

Dr. A. B. Norton has moved his office to 152 W. 34th street, New York.

Dr. Wells LeFevre has moved to 605 W. Monroe. Telephone 7102.

Dr. A. B. Spach has opened an office at 6310 Wentworth Av., Englewood.

Dr. C. B. Rockwell, formerly of Wahpeton, Dakota, has moved to Hyde Park.

Dr. and Mrs. C. B. Kinyon celebrated their tin wedding, at Princeton, Ill., April 24th.

Dr. J. S. Mitchell has moved to his new residence, 2954 Prairie Av. Telephone 8102.

Dr. F. H. Boynton has removed to 34 West 32d street, New York. Hours: 8:30 to 1:00.

Dr. R. M. Skinner, of Owenboro, Ky., lost his office fixtures, medicines, books and instruments by fire, April 20.

Dr. Wm. B. Van Lennep has purchased the *Hahnemannian Monthly*, and Dr. Pemberton Dudley retires from the field of journalism.

Dr. Clarence C. Bartlett, the new editor of our able contemporary, the *Hahnemannian Monthly*, will please accept a cordial greeting.

Dr. Henry Sherry states, in reply to a query contained in *THE MEDICAL ERA* of April, that twice in his experience has he inoculated lupus of the nose with erysipelas, with remarkably beneficial results.

THE editor of our *American Satellite* froths at the mouth in declaiming about a "specific." He knows perfectly well that no one has spoken of a *specific* except himself, and he has introduced it either for the purpose of falsifying the issue, or through mental inaptitude.

PROF. E. H. BARTLEY, M.D., of Long Island Hospital College, recommends "The Practitioner's Guide to Urinary Analysis" as the best book in the market for the practitioner, owing to the vast amount of information it contains upon the clinical significance of the urine. He thinks that the author has succeeded admirably in condensing the large amount of material at command. Prof. Bartley is himself a chemist and author of no little note, his work on "Medical Chemistry" being used at Harvard and other colleges.

FACETIE.

He Believes In It.

Mr. Cranky. Then you do believe in the mind cure, Dr. Pillsbury?

Dr. Pillsbury. Well, yes, occasionally, if the patient is sent to the asylum in time.—*Ex.*

It Didn't State.

He.—The paper says that old Mr. Ferguson was buried yesterday.

She.—O, is old Mr. Ferguson dead?

He.—Well, as to that the paper doesn't state. It simply says that he was buried yesterday.—*Ex.*

Wakeful Too Late.

Higgins.—They say that since Gagley failed he's been troubled dreadfully by insomnia.

Wiggins.—Just like him. He never was wide awake at the right time.—*Life.*

A Comminuted Fracture.

Patient.—Do you think my leg is badly fractured, doctor?

Doctor.—Bad? Why, man, it's beautiful—beautiful! The bone is broken in not less than thirty places!—*Life.*

He Forgot Something.

Doctor.—I will leave you this medicine to take after each meal.

Mike.—And will yez be koind enough to lave the meal, too, dochtor?—*Tid-Bits.*

Duly Dead.

"As a matter of course the first witness sworn was a doctor. Coroners begin at the beginning by first proving that the deceased is duly dead—not only apparently, but scientifically, and therefore legally, dead."—*Edward Eggleston, in Harper's.*

The Doctor Thought so, too.

"I believe Bath would do me good," said an old lady to her physician. "They say they are excellent springs." "The very place I was about to suggest," said the doctor, "and I will give you a letter to a very clever friend of mine there, Dr. Davis." So the old lady went, but on her way thither she thought she would have a peep at what her doctor had said about her case. She opened the letter and read, "Dear Davis: Keep the old lady three weeks and send her back."—*Med. World.*

BOOK REVIEWS.

A MANUAL OF DISEASES OF THE NERVOUS SYSTEM.

By W. R. Gowers, M.D., F.R.C.P. American edition. With 341 illustrations. Large 8vo. Pp. 1357. Philadelphia: P. Blakeston, Son & Co. 1888. (\$6.50).

So rapid have been the advances in knowledge of diseases of the nervous system, that works a few years old are already out of date. The profession is, therefore, fortunate in having presented to it a recent work on the subject by so distinguished an authority as Dr. Gowers.

In his preface he says, "I have endeavored to present to the reader the lessons taught by observation rather than the details of the cases observed—to subordinate, so far as possible, theory to fact, the speculative to the practical, and to employ hypothesis only where it is indispensable for the proper grasping of facts." In accordance with this expressed plan, we have here a systematic treatise on all diseases which affect the brain and spinal cord. Beginning with the anatomy of the nervous system, followed by its physiology, the structure is reared from a foundation of first principles. The author's style is clear, without being dogmatic. Occasionally he presents hypotheses, but only for purposes of elucidation.

P. Blakeston, Son & Co. have put the book in neat and substantial shape, after the manner so characteristic of that excellent house.

A PRACTICAL MANUAL OF GYNÆCOLOGY. By G. R. Southwick, M.D., Assistant Professor of Obstetrics in the Boston University School of Medicine; L. M. Rotunda Hospitals, Dublin. Boston: Otis Clapp & Son. 1888.

Among other signs of the healthy growth of our school is the production of works in the various special departments of medicine. This is gradually giving to homœopathy a literature of its own. It is true, in the matter of the operative treatment of those diseased conditions demanding it, we must draw upon the literature of the old school, and we must learn from them. But, having once mastered the subject, then a member of our own school can put the matter belonging to it into better shape for the use of practitioners of homœopathy. He must do this, of course, by giving attention to homœopathic therapeutics, as related to the diseased conditions described.

Dr. Southwick, in an effort of this kind in the line of gynecology, presents us with a work in which he shows a perfect familiarity with the

subject, and intelligent and painstaking care in its preparation. His descriptions of operative procedures are clear and understandable, so that any intelligent practitioner should be able to "go and do likewise." The therapeutics are well chosen and well given, an excellent plan being the frequent reference to original sources. On the whole, the work is to be highly commended, the chief regret being that it does not cover a larger field. Dr. Southwick, however, has well earned a place among the brotherhood of authors.

SALIENT MATERIA MEDICA AND THERAPEUTICS.

By C. L. Cleveland, A.M., M.D. Lecturer on Materia Medica in the Homœopathic Hospital College, Cleveland, O. Philadelphia: F. E. Boericke. 1888.

"More or less dissatisfaction exists with our Materia Medica on all sides." These are the opening words of our author's preface.

The question which at once suggests itself is, Is the present work calculated to do away with this dissatisfaction?

If at all, it must be to a very limited extent, for its scope is itself very limited. It consists in giving, for each of a hundred and ninety-seven remedies, the temperament, location and nature, objective, causal, general characteristic, aggravation, amelioration, therapeutic range, and administration. The author's effort consists in his having selected from the materia medica the indications belonging to the above-named headings, and put them in "salient" form.

To call it a work on "therapeutics" is a misnomer. Simply enumerating the diseases in which remedies are used, and adding a clinical index, does not make of a book a work on therapeutics.

Dr. Cleveland has only inserted another window in the edifice; he has not opened a door.

ATLAS OF VENEREAL AND SKIN DISEASES.

By Prince A. Morrow, A.M., M.D., Clinical Professor of Venereal Diseases, formerly Clinical Lecturer on Dermatology in the University of the City of New York: Surgeon to Charity Hospital, etc. With Contributions of Original Illustrations from many Eminent Dermatologists. New York: Wm. Wood & Co., 1888. (Chicago, W. T. Keener.)

The atlas which Wm. Wood & Co. are making, is one of the most elaborate works on skin diseases ever published in this country. The text is all by Dr. Morrow, who, in addition to the plates contributed from his own remarkable

collection, will write the treatise on skin and venereal diseases. The illustrations are contributed by many dermatologists, among whom may be mentioned: Dr. J. Hutchinson, of London; Profs. A. Fournier and A. Hardy; and Drs. Ricord, Cullerrier, Besnier, and Vidal, of Paris; Prof. Leloir, of Lille; Dr. P. A. Morrow, of New York; Dr. E. L. Keyes, of New York; Dr. Fessenden N. Otis, of New York; Dr. J. Nevins Hyde, of Chicago; Dr. Henry G. Piffard, of New York, and others.

Particular attention is given to the common forms of skin diseases, and included in it are the eruptive fevers, as rubeola, scarlatina, erysipelas, variola, varicella-vaccinia, etc. The complete work will contain seventy-five superbly colored plates, executed in true chromo-lithographic style, exquisitely printed in flesh tints and colors, containing several hundred figures, many life size, together with descriptive text for each plate, and from sixteen to twenty folios of practical treatise on venereal and skin diseases. Especial care has been taken to bring the therapeutical part of the work fully up to the latest advances made in this department.

A COMPEND OF HUMAN PHYSIOLOGY. Especially Adapted for the Use of Medical Students. By Albert P. Brubaker, A.M., M.D. Fourth edition. Revised and enlarged. With illustrations. Philadelphia: P. Blakeston, Son & Co. 1888.

This is No. 4 in the series of "Quiz Compend" now so well known to the profession. It contains, in a condensed form, the main facts belonging to the science of physiology, and may well serve as a "remembrancer" to the practitioner, as well as a guide to the student. The table of physiological constants is very useful.

PHOTOGRAPHIC ILLUSTRATIONS OF SKIN DISEASES. An Atlas and Text-book Combined, by George Henry Fox, A.M., M.D., Clinical Professor of Diseases of the Skin, College of Physicians and Surgeons, New York; Professor of Diseases of the Skin, New York Post-Graduate Medical School and Hospital, etc. Second series. Nearly 100 cases from life. New York: E. B. Treat. 1888.

Parts 3 and 4 of this excellent work are now on our desk. They cover eczema in seven varieties, and also sycosis, trichophytosis, dermatitis and psoriasis. The illustrations are life-like and natural. The text is such as it must be when prepared by Prof. Fox. We can but repeat our former recommendation for all stu-

dents and practitioners of medicine who desire to perfect their knowledge of diseases of the skin, to possess themselves of this valuable work.

CYCLOPEDIA OF OBSTETRICS AND GYNECOLOGY. (12 vols., price \$16.50.) Volume V., containing Gynecological Diagnosis; General Gynecological Therapeutics, by R. Chrobak, M.D., Professor of Gynecology at the University of Vienna; and, Electricity in Gynecology and Obstetrics, by Egbert H. Grandin, M.D., Obstetric Surgeon to the New York Maternity Hospital. With one hundred and sixty fine wood engravings. New York: William Wood & Company.

This cyclopædia, of which we have just received Vols. V., VIII., XI. and XII., is fulfilling expectations. It gives very fully all that pertains to the subjects of obstetrics and gynecology at the present day, in a series of handy volumes, and at a remarkably low price.

LECTURES ON DISEASES OF THE HEART. Delivered at the College of Physicians and Surgeons, New York. By Alonzo Clark, M.D., LL.D. New York: E. B. Treat. 1887.

This book we can commend to a careful reading. The "lecture" style, in literature, is not a favorite, and too often the facts are buried beneath a mass of verbiage. But Dr. Clark's lectures are free from this objection, and much can be learned from their careful perusal.

A CYCLOPEDIA OF DRUG PATHOGENESY. Edited by Richard Hughes, M.D.; J. P. Dake, M.D. Part VI. Chromium—Conium. London and New York. 1887.

Part VI. of this admirable work contains the pathogeneses of twenty drugs, from Chromium to Conium, and is an earnest of the work which is being done by the indefatigable laborers who have undertaken the task.

ODIUM MEDICUM AND HOMOEOPATHY. Reprint from the *London Times*. With additions. London: The Hom. Pub. Co. 1888.

We have already called attention to the coming of this book, which is a reprint of the great controversy which recently appeared in the columns of the *Times*. No physician of our school should fail to read it. Price 40 cts.

ALDEN'S MANIFOLD CYCLOPEDIA OF KNOWLEDGE AND LANGUAGE. Vol. I. A to America. New York: John B. Alden. 1887.

This neat volume—so handy and so well printed—covers ground which has been occu-

pied by much more pretentious works. It seems to be the perfection of the publisher's art. If any reader wishes a first-class cyclopedia at an exceedingly moderate price, we advise him, we urge him, to write to John B. Alden, and call for specimen pages of his *Manifold Cyclopedia*.

FIFTY REASONS FOR BEING A HOMŒOPATH: Given by J. Compton Burnett, M.D. London: The Hom. Pub. Co. 1888.

To Dr. Burnett, of "2, *Finsbury Circus, London, E. C.*," belongs the credit of having given us one of the most readable little books of the year. Who would have thought of such a thing? A quarrel at dinner, a spicy correspondence, and a detailed account of fifty triumphs with medicine administered by a devotee of Hahnemann! It really *should* "convince a stone."

The story is this: Dr. Burnett was at dinner with a "fresh" young allopath, who was loaded with all the usual prejudices and false opinions regarding homœopaths and homœopathy. In reply to his arrogant conceit and reasonless unbelief, Dr. B. impulsively exclaimed that he could give him "fifty good reasons for being a homœopath." The young doctor demanded the literal fulfilment of the pledge. Dr. B. is as good as his word, and the result is this little book, which may be read not only with interest, but with instruction.

But the quarrel and the correspondence? Were they fiction or fact? We decide for the latter — they are too real to be the work of the imagination, even of Dr. Burnett.

THERAPEUTIC CHANGES IN GENERAL MEDICINE DURING THE VICTORIAN ERA. Their meaning and Lessons for Homœopaths. By Arthur C. Clifton, M.D.

After too long a delay, we now perform the pleasant task of calling the attention of our readers to Dr. Clifton's able paper, which constituted the Presidential address at the British Homœopathic Congress, held at Liverpool, September 22, 1887. In it Dr. Clifton traces the changes which have occurred in medicine for the past fifty years. It leads, finally, as every homœopath must know, to the position which our school occupies to-day in the world of medicine. And, as giving an idea of what this position is, and of what it must become, we cite what we look upon as being the most important passage in Dr. Clifton's address. In speaking of the work which is being done by Richard Hughes and others towards putting the homœopathic *materia medica* on a scientific basis, he says:

This, as you know, is being carried on with earnestness by those workers in America and this country who are preparing and have already given us a large instalment of what is styled "*A Cyclopædia of Drug Pathogenesis*," unrivalled alike in the excellence of its spirit and execution; and the fact that the correct picture which it presents of drug action, and which makes it serve for different therapeutic methods, will further commend it to all scientific men whose eyes are undimmed by bigotry, and it will thus form a link between ourselves and the rest of the profession.

In addition to this, you are aware, we have in hand "*The Cypher Repertory*," which is being pushed forward with commendable zeal, and which is a very needful complement to the former works, and a valuable addition to our armory.

Then, too, we have one volume of monographs on *aconitum*, *crotalus*, *digitalis*, *kali bichromicum*, *nux vomica*, and *plumbum*, by the late Dr. Black and Drs. Drysdale, Dudgeon, and Hayward. These monographs, under the name of "*Materia Medica Physiological and Applied*," are a perfect model of what such work should be, and a volume which we may feel proud to put before any medical scientist.

In all these we have an instalment and an earnest of other works that will speedily follow, if those who profess a belief in homœopathy do but rise to its true dignity and requirements, and are not content with being mere sunflowers or seekers after comfort and ease.

Round the laborers in this field of knowledge we must rally with all our enthusiasm. These works will and must be the supreme monuments of our science and our faith. Other things may occupy our hands, other aspects of the battle may present themselves, but we must ever remember that this is the citadel of our camp, the *chef d'œuvre* of our literature.

Mr. George Kennan will tell in the *May Century* how he came to go to Siberia on the *Century* expedition.

THE PEOPLE'S HEALTH JOURNAL is doing a good work in popularizing homœopathy. Physicians would do well to introduce it into the families in which they practice. Write to the publisher for a sample copy.

SCRIBNER'S MAGAZINE, beginning with the April number, will contain a series of interesting articles on the *railways* of the United States.

THE NORTH AMERICAN JOURNAL OF HOMŒOPATHY will be sent on trial for three months *gratis*, to any one sending their address to 152 West 34th Street, New York, and mentioning THE MEDICAL ERA.

MISCELLANY.

Beautiful Chemical Preparation.

A snow white mass of Caffeine, the active principle of coffee (200 pounds and of great value), is now on exhibition in the window of William R. Warner & Co., 1228 Market street. This beautiful crystallization represents ten tons of coffee, and is used as an ingredient in the preparation of Bromo Soda, prescribed for the cure of headaches, migraine, nervousness, sea sickness, etc. — *Philadelphia Inquirer*.

BATTLE'S BROMIDIA is a clean and palatable compound of approved hypnotic principles. The proportion of bromide of potassium in its composition, to the chloral, could well be doubled for most of the purposes for which such a hypnotic combination is indicated. The directions accompanying this excellent hypnotic combination suggests a criticism. The injunction to not exceed three or four of the doses indicated in twenty-four hours, and to administer preferably during the evening, or night-time, would avoid many of the evil results which follow the injudicious use of this and all similar narcotics. — *Editor Alienist and Neurologist*.

HAVE used Tongaline extensively during an epidemic of Dengue or Break-Bone Fever, where I had an opportunity to test it very thoroughly, and I secured much more successful results from it than from the ordinary treatment, consisting of Pot. iod., Vini colchici., Acid salicyl., Quin. sulph., etc. In every instance Tongaline fully sustained the high character with which it is presented to the profession, and only deserves to be well known in order to be thoroughly appreciated. A. M. SUTLER, M.D., Bowmanstown, Carbon Co., Pa.

THE use of prepared food for invalids and young children has become a recognized necessity the world over. The preparation which most closely resembles mother's milk is confessedly the best food for nursing babes, and the preparation which is most grateful and nourishing to the delicate organism of the invalid or convalescent is destined to win the favor and confidence of the medical profession. Mellin's food has long since been found to meet these requirements.

THE preparations of "HYPOPHOSPHITES," "COCA," "PEPSIN," etc., made by "MESSRS. R. A. ROBINSON & Co.," are endorsed by many prominent physicians. We recommend a careful perusal of the advertisement of this well known manufacturing house. (See page X.)

A good homœopathic physician will find an opening at Keota, Ia., where he can step into a fine practice.

Alden's Manifold Cyclopedia.

The *Manifold Cyclopedia* will be much more than a "Cyclopedia of Universal Knowledge;" it will embody also a dictionary of the English language, including every word which has just claim to a place in the language. How often you have consulted Appleton's or Chamber's, or Johnson's cyclopedia and failed to find the title you were looking for — then you consulted Webster's Unabridged and were successful; the word belonged to the dictionary rather than to the cyclopedia. Or you have consulted Webster and found little more than a mere definition of the word — you must go to the cyclopedia for details of knowledge. Or, more probable than either of the foregoing suppositions, you do not own either a first-class cyclopedia or a first-class dictionary, or only one of the two, because of their prohibitory cost, so you "consult your imagination," and "go hungry" for lack of the few lines of print that would satisfy you. In the *Manifold Cyclopedia* you will find a survey of all knowledge which is illustrated by the English language.

The *Manifold Cyclopedia* is meant for "the millions," and its price is made, as a matter of course, very low; per volume, in cloth, 50 cents; half morocco, 65 cents; postage, per volume, 10 cents. John B. Alden, publisher, 393 Pearl St., New York.

Novel in name, form, purpose and method is THE NOVELIST, Alden's new weekly magazine of American fiction.

Terms, \$1.00 a year, at which rate it will give over 2,000 pages, equal to from eight to twelve ordinary American dollar novels.

A specimen copy of THE NOVELIST sent free on request. Address, John B. Alden, Publisher, 393 Pearl St., New York, P. O. Box 1227.

J. H. BATES, the well-known advertising agent of New York, moved April 20 into new quarters in the Potter Building, 38 Park Row. He does the largest business of its kind in the United States. He has no lists to push, no space to fill, but does a straight and legitimate business, which is of advantage both to advertiser and publisher.

New Line to Cheyenne.

The new extension of the Burlington Route to Cheyenne, Wyoming Territory, having been completed, the C., B. & Q. R. R. is now running a through sleeping car from Chicago to Cheyenne, via Omaha, leaving Chicago daily at noon on the "Burlington Number One" fast train. For tickets apply to any coupon ticket agent of its own or connecting lines, or address Paul Morton, Gen'l Pass. and Ticket Agent, C., B. & Q. R. R., Chicago.

THEY SAY

THAT buttons can be made of blood.

THAT genius invents; talent applies.

THAT hairy persons are strong is a fallacy.

THAT Chicago has eleven medical colleges.

THAT the colleges should teach medical ethics.

THAT plants in the sick-room are *not* injurious.

THAT you should never pick a quarrel before it is ripe.

THAT the entire French nation suffer from constipation.

THAT the ingestion of hot food is a cause of gastric ulcer.

THAT a gold fish will out-live three generations of horses.

THAT an ounce of silence is worth a pound of explanation.

THAT it takes a snake thirty days to digest a square meal.

THAT a boy in Marlette, Mich., died from eating two nutmegs.

THAT total abstainers are longer lived than moderate drinkers.

THAT the latest opprobrious epithet is to call a man a microbe.

THAT saccharin is two hundred and fifty times sweeter than sugar.

THAT in bearded women there is a want of sexual differentiation.

THAT a man weighing 154 pounds contains 77 pounds of oxygen.

THAT gonorrhœa is the most prolific cause of sterility in the male.

THAT excessive hair upon the legs indicates weakness and debility.

THAT it is a foolish notion that impotency is apt to follow tonsillotomy.

THAT medicine is the noblest of professions, but the meanest of trades.

THAT an undertaker told us business was good, and he had dead loads of it.

THAT a drowning man catches at straws, and so does the man who is thirsty.

THAT the older we grow the more we find out how little other people know.

THAT perspiration is always freer on the right side of the body than on the left.

THAT poverty lessens increase of weight, and affects girls more than it does boys.

THAT the ingestion of cold substances lessens the irritability of a diseased stomach.

THAT the training of children should begin a hundred years before they are born.

THAT the French equivalent for the "tear-blanket tree" is *arbre couvert des larmes*!

THAT in making chicken salad out of veal, you should put in very few of the feathers.

THAT it softens the pain of making a mistake to be the first to find it out.

THAT the man who sits on a bent pin rises suddenly and speaks briefly to the point.

THAT profuse, and sometimes fatal, hemorrhage in rare instances follows tonsillotomy.

THAT it is better to be the proprietor of a liver remedy than to be the conqueror of a city.

THAT there are thirty-five thousand different kinds of "patent medicines" on the market.

THAT the fetus is in part nourished by the liquor amnii, which is a fluid rich in albumin.

THAT drugs given in hot water will have as speedy action as when given hypodermically.

THAT if anyone needs the copyright-bill, it's the editor; copy wrong is what wears his life out.

THAT there is a mind cure college in Vermont that confers the degree of M.D. (mind doctor).

THAT the man who took up his residence in Chicago became tired, and has set it down again.

THAT genuine butter has a higher specific gravity than the spurious articles now on the market.

THAT a Philadelphia doctor was fined one hundred dollars for failing to report a case of leprosy.

THAT photography will detect the spots of coming small-pox before they are visible to the human eye.

THAT another doctor, by mistake, gave morphine when he intended giving quinine, with the usual result.

THAT a lady on the North Side has named her baby Fort, so that she can get her husband to hold it.

THAT a man does well enough in this world to hold his own, without trying to hold what belongs to others.

THAT drainage of the Roman marshes has reduced the death-rate of the Italian army by sixty-six per cent.

THAT the best way to prevent the pollution of drinking water is to keep the whisky bottle locked up in a closet.

THAT proper or improper nourishment during the first year of life may affect the future weight and stature of the adult.

THE MEDICAL ERA

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No. 6.

EDITORS:

CH. GATCHELL, M.D.

JAMES E. GROSS, M.D.

MEDICAL EDUCATION.

There is one fact alone that renders it imperative that there shall be some check to the too rapid production of doctors now going on. This fact is that the physicians of the United States are multiplying at the rate of five per cent per annum, while the population of the country at large is increasing at the rate of less than two per cent.

It is time to call a halt!

There are many more arguments that might be urged, with all of which the profession is familiar, but the one above-stated places the situation in such a startling light that it should be sufficient. This rapid rate of increase is taking place in a country which already has one physician to every 520 persons!

Politics is so notoriously corrupt that many good men — through a mistaken notion of what constitutes consistency — avoid contact with it as they would with an unclean thing. Blind adherence to church dogma is something now almost unknown. But in spite of the witticisms and flings of a Molière — which were better deserved in his day than they are in ours — the medical profession has enjoyed, on the part of the people, a high degree of confidence and esteem.

This confidence the profession must retain; but in order to do so the profession must reform.

Primarily, the fault lies with preceptors.

Preceptors furnish to the colleges the raw material out of which the superfluous doctors are made. And, too often, the material is fearfully "raw." Talent which would be better employed in turning sod or grooming horses, is

diverted to medical channels. In this way are the ranks of the profession crowded, and its tone lowered.

Half the reform would be accomplished if preceptors would discourage where they now encourage.

Secondarily, the fault lies with the colleges.

Of the one hundred and eighteen medical colleges in the United States, there are few whose main ambition, and whose every effort, each succeeding year, is not to attract "the largest class in our history." The commercial spirit is rampant, and bids are made for students.

Thus do the very men who are in a position to see most clearly the evils of the present system, take the most active part in perpetuating it.

This subject is to-day a live issue. All signs point in that direction. The Illinois state law did much to advance the cause of reform. Minnesota has gone even further than her sister state. The president of the American Medical Association, at its recent meeting, devoted much attention to it, Dr. J. M. CRAWFORD, before the Western Academy, dealt with it in an interesting and unique paper, and Dr. C. B. KINYON, whose address may be read in this issue, presents the subject in an able manner.

Reform is necessary. It has already begun. But the profession can do much to accelerate it.

"THE COMING PHYSICIAN."

The coming physician will not depend on outward signs alone for the diagnosis of disease, nor on drugs alone for its cure.

This is the key-note of the very interesting address which the Illinois State Homœopathic Medical Association had the pleasure of listening to, from PROF. J. D. BUCK, M.D., of Cincinnati. He sketched the ideal physician, and the ideal life.

Nature is dual: the objective world meets the subjective, and there consciousness dwells. Only the subjective world is stable — all else is phenomenal. Man develops in the direction of goodness and beauty and truth, in proportion as he draws inspiration from the spiritual part of his being. A world unexplored lies within the sound of our voices. In it lies all truth yet undiscovered. Ideas, types, all that is persistent and enduring, comes from this shadowy land. All this will be the possession of the coming physician if he build wisely and well.

The sketch of the ideal physician given by the able lecturer, was beautiful to contemplate, and enticing in its beauty. That all will some day realize it, there can be no doubt, though to many of us it is still a long way off.

But, as has been said by one who ever dwelt "on the heights," and whose permanent abode is now among the stars, "though not always possible to attain, it is good to strive for."

THE DIAGNOSIS OF WOUNDS OF THE INTESTINES.

A noteworthy paper was presented at the recent meeting of the American Medical Association, by Dr. N. SENN, of Milwaukee.

Every experienced surgeon knows how difficult it is, at times, to discover penetrating wounds of the walls of the intestines. Often it requires much tedious handling of the intestines, which is both injurious, and, if the wound be very small, disappointing in its results. Dr. SENN, by a series of experiments on dogs, has demonstrated the fact that the smallest penetrating wound may be detected and quickly located simply by injecting the bowels, per rectum, with hydrogen gas. The gas escapes at the point of puncture, and thus reveals the presence and location of the wound. If there be several openings, in different parts of the bowels, all are quickly located by this method.

The gas is unirritating and innocuous, and is rapidly absorbed from serous cavities or connective tissue. A rubber bag, holding two gallons of the gas, is all that is necessary for the operation. The gas should be slowly injected. With a pressure of less than two pounds it passes the ileo-cæcal valves. For wounds of the stomach the gas must be introduced through the œsophagus, as it does not readily pass the pylorus.

One curious feature of Dr. SENN's experiments was to show that, when a dog has been well "charged," the hydrogen may be ignited at the animal's nose, or at the point of puncture, where it will burn like a gas-jet.

Not alone by this, his latest, discovery, but by much other work of a highly important character, Dr. SENN has vindicated the claims of his friends to being the most original and progressive of American surgeons.

DR. BARTHOLOW ON HOMŒOPATHY.

With the regularity of the seasons the American Medical Association holds its annual meetings. And with the regularity of the seasons some member tickles the fancy of his fellows by pointing to the decline and fall of homœopathy.

This year it fell to the lot of Dr. ROBERTS BARTHOLOW to draw the veil over the eyes of his associates. Said he:

A surprising amount of ignorance still exists in the latter part of the nineteenth century, and people still think that the therapeutic art is based on some 'ism or 'pathy. On the continent of Europe homœopathy is nearly extinct, but here it still lives, being held up by social influences and by misrepresentations on the part of its advocates.

American physicians of anti-homœopathic proclivities generally point to some place about five thousand miles from home when they wish to tell of the extinction of homœopathy. Had Dr. BARTHOLOW been in London during the month of January, and read the *London Times*, he would not be so sure that homœopathy is extinct in the East.

In order that homœopathy shall be no longer upheld by "social influences and misrepresentations," DR. BARTHOLOW says that —

The remedy for this which regular medicine has to offer, is to improve its art. The science of therapeutics should be made more certain. A true knowledge of drug action is not widely enough diffused.

The audacity of this man is refreshingly cool. After consigning homœopathy to oblivion, he proposes to render his own school fit to take its place — how?

By adopting the very method which has made homœopathy what it is!

He proposes to render "the science of therapeutics more certain" and to widely diffuse "a true knowledge of drug action."

That is precisely what Hahnemann did ninety years ago, and what all homœopaths have labored for, from that day to this!

DR. BARTHOLOW is behind the times.

"Homœopathy," the speaker maintained, "has nothing to do with the progress of modern scientific medicine. The true therapeutic action of drugs is one of antagonism."

Dr. BARTHOLOW doth protest too much. If homœopathy were the miserable, dying, fraudulent thing that he would have us believe, it should not be worthy so much attention on the part of the distinguished Chairman of the section on General Medicine of the American Medical Association. The fact that he gives it so much attention, arouses the suspicion that he is simply talking in order to convince himself.

But, as a fault-finder, our critic is not partial. Speaking of the members of his own school, he says —

The acquisition of a true knowledge of drug action is greatly hindered by the mass of old prejudices which still cling to the science of therapeutics, and, like the barnacles on the hull of a ship, impede its progress.

After DR. BARTHOLOW has, by implication, thus designated the members of his own school as a lot of "barnacles" who cherish "a mass of old prejudices," we homœopaths have no right to complain. We can only agree that, for once, he has spoken the truth.

INAUGURAL ADDRESS.

INAUGURAL ADDRESS.

Delivered by Prest. C. B.
Kinyon, M.D., of Rock Island,
Ill., before the Illinois State Homœopathic Medical Association, at its Thirty-third Annual Meeting, Chicago, May 15, 1888.

SUBJECT:

Suggestions Regarding the Short-comings and Misconceptions in Medical Education.

LADIES AND GENTLEMEN, MEMBERS OF THE ILLINOIS STATE HOMŒOPATHIC MEDICAL ASSOCIATION:—This Association has the largest membership of any society in our school except the American Institute. The honors and responsibilities of the presiding officer are correspondingly great.

It has been my earnest endeavor to fully comprehend the situation. My appreciation of your kindness in placing me here will be made manifest by the candor of this address, and by my constant effort to deal fairly with you on every question. That the highest measure of success may attend our conference, the sympathy and hearty co-operation of every member is solicited.

A generation has come and gone since the birth of our organization. Individuals perish, but society is perpetual.

And as the completed cycle of another year brings us again together, I can add, with profound gratitude, that, so far as I am able to learn, death has not invaded our ranks during the last twelve months.

In the preparation of the few thoughts I shall offer at this time, it has been my deliberate purpose to break the rules made almost sacred by long custom. Therefore I shall not give a review of the progress of medicine, or a review of our work as a society, but instead beg leave to offer a few suggestions, disjointed though they be, regarding the short-comings and misconceptions in medical education.

The time was when all healers, of whatever "ism" or "pathy," considered the practice of medicine nothing more or less than an art. The time now is when there are two distinct classes in the medical profession. The one, and I fear the larger class, still cling to the notion that the study and practice of medicine is but an art. The other class, by no means small in numbers, and constantly increasing, believes

with equal zeal, that the study and practice of medicine is a science as well as an art. The former class study passing phenomena, but ignore the cause that produces them. They admit law but ignore the Law-giver. They worship the form without the substance.

This is, without doubt, very largely the cause of the bigotry and scepticism in the medical profession, as we see it to-day. It is universally true, that mere blind faith in existing facts, without studying the factors and forces which enter into their causation, tends to develop and establish in the mind a state of intolerance toward all who may see fit to question established conclusions. Do not understand from this that I would give less study to nature's laws; rather would I study them more, but in a different manner, and with a different spirit.

All nature is governed by law, and it is by a correct study of the laws governing all things about us that we are led to "look through nature up to nature's God." Furthermore, the mind is as much subject to law as the body. The reign of law is over all.

The law which controls the muscular contractions of the body, stands at the very fountain of all we do. It is equally true that the law which controls the action of the brain, stands as the origin of all we think.

My ideal of the true physician is one who devotes all there is in him and of him, to the service of humanity, and the service of the great Law-giver, which is really the science of humanity.

When these two classes of the medical profession shall be one in sentiment; when they shall stand on the same footing; when they shall be recognized as one and inseparable, then shall be brought to pass the saying that is written:

"Mercy and truth are met together,
Righteousness and peace have kissed each other."

Each understanding the other's language, both bowing reverently before the God of law, their blended voices will unite in tuneful harmony through all time to come. No work is so near the great beating, throbbing, pulsating heart of humanity as that of the physician. Hence it is true that the medical profession has within its own keeping not only its own destiny, but to a great extent, the correct molding of our civilization as well, and with the proper training, with a thorough preparation of our individual members, we can do much to hasten, "this consummation most devoutly to be wished."

By a thorough preparation I mean a well-grounded understanding of all that pertains to, or is, in any way, dependent upon, or connected with, the work of making lighter the burdens of mankind.

We should enter with profound reverence the study of medicine, for in its practical workings it makes no distinction of race or creed, but binds up the wounds and relieves the pains of the afflicted of all nations; of the rich and the poor, the ruled and the ruler, Christian and pagan, friend and foe alike. With an object so noble and beneficent in its nature, it is our bounden duty to be found searching in every field of nature and in every department of human knowledge for the accomplishment of an object so grand as lessening the burden of human suffering. In the faithful prosecution of this work, let us ever bear in mind that the laws which govern throughout all the domain of nature are each "distinct like the billows," yet, "one like the sea." Distinct in their separate jurisdictions, they yet constitute one great whole, acting together harmoniously for the common good. Each independent of the other in its own sphere, but, as in all physical life:

"All are but parts of one stupendous whole,
Whose body nature is, and God the soul."

Thus we see that man is a world in himself. He combines within himself the greatest number of elementary substances, the most numerous organs and varied functions, so attuned to harmonious action as to illustrate the operation of every law in physics, every known force in nature, and every step in the development of living matter, from the simple aggregation of protoplasm, constituting the germinal cell, to the full grown man.

He is also placed in appreciable and important relations with material objects, and immaterial forces existing in the world in which he lives. Hence a complete study of the living man, in health and disease, involves a thorough study, not only of his structure and functions, but more or less of every element and force entering into the earth, the air, and the water with which he stands in constant relation.

As every thing about us exists for, and when properly understood, is conducive to, man's best good, it is the duty of the medical profession to make plain these relations. The medical science of to-day, therefore, embraces not only a knowledge of the living man, but also of such facts, principles, and materials, from every other department of human knowledge, as may

increase our resources for preventing or relieving suffering and prolonging life.

If all this is true, the whole system of medical education in this country is radically wrong, or at least very incomplete.

Throughout all these generations we have been teaching our medical students how best to get a living; instead of teaching them how best to live, how best to teach others to help themselves.

You say that this is a rushing, pushing, competing, utilitarian age, and in doing as we have done we are but in keeping with the forces about us. All of which I grant; but, it is because of these very tendencies, and because I feel that the medical profession is one of the most powerful forces to check them, that I have spoken these plain words.

Society, with all its attendant machinery, is in a great measure but the arrangement of man. The study of theology and of law, the necessity for all the crafts and trades, all forms of business, are largely but the invention of man—are necessitated by conditions which man himself has imposed.

Not so with the science and art of medicine. It is co-existent with man himself. It is but the necessary outcome of man's existence, and this necessity is only intensified by man's artificial and perverted methods of living.

Thus it is, as I have already said, that we have a closer relation to the very heart of humanity than any other class. This very relation throws upon us added responsibility.

In all seriousness I would ask, can we—is it possible in the very nature of things—to properly prepare ourselves for this work in two, or even three years? The question would seem to answer itself with an emphatic No. Yet it is a fact that until very recently the most of the profession took less time than two years.

This was true with no preliminary education at all; and even now the preliminary training is far too low.

In the beginning of his career the student seems to forget, or lose sight of the fact, that he was called to be a man before he was called to be a physician. Manhood is little thought of. All his energy is bent on acquiring the ability to hold his own, in the rush for gain, in this one line of work.

All thought is for to-day. It is this continual hammering away at one line of work, this constant thought on one subject, that narrows the vision and dwarfs the intellect.

Give us men in the medical colleges with larger culture, more fully developed powers of mind, more diversified talents, and it will follow of necessity that we will have ere long a profession that will take care of the health of the world better, that will be true to itself and its mission. What we want as students, is men whose minds and bodies have been harmoniously developed, and there is surely no better way to meet this want than by the proper instruction in childhood and youth, of what is known as "industrial education." This system is little understood, and I can in no way make its comprehension more easy than by giving you the ideas, not the exact words, of Dr. W. M. Butler, Pres. of New York Training College for teachers, for work in "industrial schools."

Industrial education is not technical education; it is not the preparation for trades. It is a term invented to signify an education in which mental training, through the hand and the eye, occupies its proper place beside mental training through the memory and the other means of approach to the mind. Mental training through the hand and the eye, is generally known as manual training, which term is only satisfactory in case its proper signification is understood.

This manual training is graded instruction, the object of which is to develop the pupil's power of expression. No piece of knowledge is really our own until we can express or apply it.

Mere memorized knowledge is parrot knowledge; it is mentally indigestible and innutritious. It is the pastry of the intellect. Well enough, perhaps, if taken in proper quantities, and at the proper time, but very unsatisfactory and unwholesome as a steady diet.

Industrial education takes the powers of expression, delineation, and construction, and trains them together with the other faculties.

Thus the sense of form, of proportion, of accuracy, and of truth, is developed as is possible in no other way.

The judgment and the executive faculty, the most important of all our powers in the practical work of life, are provided for and trained in the scheme of industrial education. It is claimed for industrial education, properly organized and administered, that it is a system that trains all the mental faculties, and each at the proper time and in the proper proportion. It gives us no abnormal or mechanical memories, without judgment or executive ability, no hunched backs without arms or legs. Every faculty is considered, every power is taken into account. The

conditions of the nineteenth century are kept in mind, and the ideally educated man is not held to be the mediæval recluse, or the eighteenth century English gentleman.

It also affords a pleasant and healthful alternation of exercise from faculty to faculty. No one is over-strained, and none are allowed to become atrophied and die. Muscular exertion is called in to supplement and relieve mental activity.

Does some one ask: What has all this to do with medical education? The answer is:—That it is of interest to us as friends of educational and scientific progress, but it has also a direct bearing on medical education, and the work of the physician.

With such a foundation a more useful and enduring superstructure can be built than would otherwise be possible. But more important than all, it enables the young man to decide for himself, or us for him, as to whether he is suited for the work, as to whether he is fitted for the work; both of which are essential to success in any calling, and especially in that of the study and practice of medicine. In other words, with such a development it is easier to tell of what sort of stuff the candidates are made.

After this development of mind and body, what is the best course for the student to follow?

I can bring my ideas before you in no better way than by giving you an outline of the work done in some of our best preparatory schools.

In outlining this work I have consulted the catalogues of Johns Hopkins University, of Baltimore, Md., and of Cornell University, of Ithaca, N. Y. While neither of these schools has a medical department, they both have special courses designed for those who intend to study medicine. Both require two years' work in this course, but before any one can enter even upon this preparatory work, he must pass a more thorough and rigid examination than is required by any medical school in this country, save the "Boston University School of Medicine," which, by the way, is homœopathic.

The required examination is as follows:—Thorough examination in arithmetic and algebra. Three books of Euclid; plain trigonometry and use of logarithms; thorough examination in the "History of the English Language," and in the language itself; also written composition criticised in every particular. Latin:—Four books of Cæsar, with a good knowledge of grammar; also from the sixth book of Virgil's *Æneid*. A good knowledge of Greek, or can substitute French and German for it. Of course,

graduates from good colleges are not required to pass this examination, but they are strict in their classification as to what constitutes a good college.

Another point of especial value in these two schools is this: If the student is found to be deficient in any particular, as regards a liberal education, he is advised and helped to make up those deficiencies. *That is, they help to develop the whole man as nature designed him, instead of crushing out all individuality in accordance with cast-iron rules.*

However, the principal work of these two years is in physics, chemistry and biology. In these branches the work is very thorough indeed, and any one after such a drill is better equipped for the study and practice of medicine and surgery than he could possibly be without it.

The work in the biological laboratory is especially valuable. They here begin with unicellular organisms, then through the fungi and flowering plants to the animal kingdom.

Next comes embryology and histology, with the consequent differentiation and specialization of function as seen in the higher animals.

From this the student is easily led to comparative osteology and comparative anatomy, to comparative physiology and morphology. All this is accompanied with an immense amount of practical laboratory work in all these branches.

With such a preparation, the student is qualified to comprehend and grasp the study of medicine. The study of the classics tends to develop and strengthen the analytical powers, the very powers so useful, in fact, so essential, to the successful practitioner.

While the laboratory drill has familiarized him with the necessary manipulations to such an extent that when he enters the medical college he can understand and profit by the lectures without much outside study, he is thereby able to give more time to practical clinical work. As a result, he goes through without cramming, and comes out with good health and a well-developed mind, and is ready for the every-day work of life, with some show of success. It is not thus with the majority of medical students, neither is it thus with the majority of medical colleges.

I have seen, and so have you, students eager to take down every word of the lecturer, for they had no ability to comprehend what he was saying, and their only hope was to write it down. What they failed to write down was never utilized by them.

It does not seem to dawn upon them that the average medical teacher tells but a small fraction of what he knows, but instead they seem to think that he tells it all, and if they can only write down and commit it to memory, their knowledge will be complete.

As a result of such a belief, the student rewrites his notes, and as near as possible commits them to memory, and is thus able to pass his examination. Yet many of the words and phrases that he hears, and even writes, are as Greek to him—mere parrot talk. How quickly this pernicious custom would be broken up if the students were compelled to pass their final examination before a board having no connection with the college faculties!

During the entire college course, his efforts are for the diploma rather than an education. After he has obtained the coveted prize, we see him but an automaton, with no adequate conception of how to go to work. This is largely the fault of the teachers in our American colleges, and of the methods employed.

They fill the student with a lot of isolated facts, and he has no idea how to classify them. They teach facts instead of principles. In other words, consider medicine an *art*, rather than a *science*.

Principles, correct principles, are what should be taught. Being well grounded in the principles, circumstances will suggest the facts and the course to pursue.

Let us have *more teaching of principles* in the schools and less cramming with details, or, rather, *let the course be extended* so there will be time for both principals and details to be taught.

Generally the student is left to form his own theory regarding the principles of medicine, if he thinks at all. As a result, these theories are usually incorrect. It takes as long, and is much harder to unlearn, to eradicate false ideas, than to become master of the true ideas.

Having said this much about the preliminary training, let us give a little attention to the actual work done in the medical colleges, and call to mind some short-comings.

Sometime during the year '87, I read an excellent article on the advantages to be gained from the establishment of a chair of "institutes of medicine," in our colleges. I was indeed well pleased with the sentiments expressed. You can imagine my surprise when, in conversation with the author, a very short time after I had read his article, I heard him say of a lecturer on the "institutes of medicine" in one of our best colleges, that the "Doctor was one of the best ed-

ucated, and most scientific men in this country, yet they could not keep him, because he told too much, was too thorough; he taught *principles* too much. The students could not comprehend him, and there was not time for such thorough work."

If such things are true, and I state them from personal knowledge, and not from hearsay, where, I would ask, is the incentive to prepare ourselves for better work, for grander achievements, either as practitioners or teachers? But I am glad I can add, and from personal knowledge also, that such customs are not universal. That they are too frequently true, none can deny. That they ought never to be true, all will admit. Now, what is the remedy? The colleges are by no means altogether at fault. If the profession of America had its proper ideals, and rigidly adhered to them, it would not be two years before there could not be found a college giving such instruction. The most of the colleges would gladly do better, and the medical profession of this country is responsible, to a great extent, for the fact that such things are possible. The remedies for the case where the teacher knew too much are, (1) Students whose brains have been properly developed, so that they can comprehend such teaching; (2) Longer time for study and longer college course.

Just think of it for a moment. Who among you would care to trust your life, or the lives and health of your family, in the hands of one who could not understand or comprehend a medical lecture, however deep or scientific it might be?

Surely if one cannot comprehend what is told him, he is not capable of unraveling the mysteries of disease and restoring to health, or rather, of assisting nature, to restore the lost health.

There is one branch of medical education which is very much neglected by the profession and the colleges. I am sorry that truth compels me to state that it is almost entirely ignored by this society. To be sure, it has been assigned a place on our programme, but always on the last half of the last day of the session. It is not, nor ever has been put on by the order of rotation, as have the other bureaus. I know from personal knowledge of several papers prepared with great care for this bureau, but there either was not time or disposition to have them read, even by title.

I refer especially to "sanitary science," but as I desire to speak of the work of "state boards of health," I have thought best to put what I have to say under the head of "state medicine." In view of the fact that there is no unison between

authorities of different countries, or even between authorities of the same country, as to what is meant by "state medicine," it will be best for me to make plain what I intend to cover by the term. It is my purpose to speak of it as including both "preventive medicine" and "medical jurisprudence."

The complicated conditions of this nineteenth century civilization demand a larger knowledge of hygiene, to hold in check some of the ever increasing tendencies of greed, and the suicidal tendencies of ambition, to elevate and give greater significance to the responsibilities of citizenship, and to establish more securely the idea of international brotherhood.

Crown Prince Rudolph, of Austria, in his address before the "International Congress of Hygiene," at Vienna, in October, '87, used these words: "The most precious capital of the state, and of society in general, is the *man*. Every single life represents a positive value. To maintain that life and preserve it intact, so far as the unalterable limit of life, is, not only the dictate of humanity, but should be the duty of all commonwealths in their self-interests!"

Such sentiments as these are being recognized by the powers that be, and each year our modern civilization is demanding more notice of preventive medicine.

Each year the medical profession is being weighed in the balance by public opinion, as to our attitude on sanitary matters, and it will be a veritable day of wrath when we are found wanting.

As a matter of fact the time is upon us when we must either lead or be led. Which shall it be?

But the fault is not all with the physicians. Many times when an individual physician, by his forethought and candor, averts some disaster threatening a family or a community, his services are not recognized, in fact, his motives are often impugned by the very ones he has benefited.

You are all familiar with the causes and details of the terrible scourge of typhoid fever at Plymouth, Pa.

That epidemic cost \$67,000, in direct outlay. The loss of earnings was over \$30,000. But who will attempt to measure the distress incident to the twelve hundred cases of sickness, and the loss to the families and the state, growing out of one hundred and fourteen deaths?

Prompt and intelligent action on the part of the medical attendant of the first case would have averted all that calamity.

True, the people would never have known how much he had done for them, would not have given him proper credit, perhaps not even recognized his good work; but when a man comes to settle with himself and his Maker, where would he prefer to be, with the one who indifferently or ignorantly allowed the seeds of that scourge to be sown under his very eyes, or with the one who, unseen and single handed, throttled the monster at its birth and saved the people?

Just a word about "state boards of health." Many of them try to do too much. In their zeal they are led not only to exceed their duty but their rights. When they do this they necessarily fail to accomplish what they undertake, and each failure weakens their influence with the people, the profession, and the legislative bodies.

Let the state boards of health demonstrate the laws of life and of health, of disease and its prevention. Let the legislator crystallize such knowledge into laws for the protection of the people and give the boards the power to execute those laws, after they have been correctly interpreted by the proper authority. If the legislator fails to pass such laws, when their necessity has been made plain, let the responsibility rest with him.

With this understanding the profession ought to stand by the boards. If it does not it will be left behind.

In order to bring clearly before your minds the future possibilities of this work, I have thought best to make a comparison between the work done by the sanitary commission, during our civil war, and the work to be done by the sanitarian of the present day. As we proceed with this comparison you will note the obstacles met by them, and the methods whereby they were overcome. I shall also try to make plain some of the obstacles met to-day, and point out how they may best be overcome.

In mediation between the rigor of military administration and the comforts of household life and affection for the 2,700,000 men sent to the field, more than half of them under twenty-four years of age, the sanitary commission found its opportunity.

A few whole-souled men, men able to lift their minds above all prejudice, were not slow to seize the opportunity, but from the very outset, the medical bureau of the army doggedly opposed any and all plans proposed by these men.

Feeling the justice of their cause, and having the courage of their convictions, they appealed to President Lincoln and the Secretary of War.

At the same time they appealed to the public for sympathy and aid. In those days of excitement it did not take the public long to tell what it thought, and soon a strong feeling was manifested in favor of the commission. President Lincoln saw the drift, and knowing full well that the Government, in its hour of trial, could ill afford to alienate the good will of any of its citizens, urged upon the medical bureau the need of the sanitary commission.

At last he persuaded them to endure the existence of the commission, provided it had no official position, or authority to make any recommendations whatever to the War Department. It was also not to receive any financial aid from the Government.

Is this the first instance of intolerance on the part of the "regular profession?"

With this understanding the Secretary of War did not *appoint*, but simply *authorized* a few men to act as such commission, and they could add to their numbers if they found any one willing to join them. Thus the commission came into being, and it was not long in starting out on its mission. From the outset it kept in mind its two-fold purpose, viz., prevention and relief.

In the beginning and throughout its existence the commission had this motto: "The Government is the soldier's richest, ablest and most constant friend." In this way no one was antagonized.

Because of the obsolete traditions and obstructive punctiliousness of the medical bureau, and after they had created a public sentiment approving their work, the commission secured, by an act of Congress, early in '62, the right and privilege of pursuing, unmolested by the medical bureau, their heaven-born mission of mercy.

This secured, they began at once to develop a system of work designed to meet the exigencies of war. So untiring and successful were their efforts that they were ably represented at 600 of the 700 battles of the war.

At the close of the first eighteen months of their work we find their expenses for hospital transport alone were over \$12,000 a month, and up to this time they had received but \$158,501.

Just at this crisis they received, from California alone, a draft for \$100,000, followed two weeks later by a like amount. This was sufficient to arouse the whole country, so that in the two and a half remaining years of the war, they received and judiciously expended over \$25,000,000.

Of course, in those days this nation lived as much in two and one-half years as it lives in

fifty years of peace, therefore the "sanitary commission," did a marvelous work, unprecedented in extent, but the demand for prevention is as imperative to-day as then, and it must and will by some one be met.

Let us draw some lessons from the above brief and imperfect history.

Now, as then, there exists a need. There still is opposition to be met and overcome, and as then, the public must be educated.

Now, as then, there is need of laws. Now, as then, existing laws and authority must not be antagonized, but instead, correct laws enacted and properly interpreted and executed.

In speaking of laws I want to be distinctly understood as meaning sanitary laws. We already have too much legislation regarding the practice of medicine. It would be better for us, better for all, were there not a law in any state in this Union relating to the *rights* of physicians to practice.

Boards of health, state and national, might profit by the record of the sanitary commission if they would. They ought to be admonished by it to keep within their legitimate sphere, viz., suggesting and executing laws having for their only object the health and well-being of the people, and not taking the liberty of either making or interpreting laws.

All legislation for the benefit of the medical profession alone is class legislation, and the genius of our American institutions is such that all class legislation is looked upon with suspicion by our citizens.

The law-making powers of this country have the right to set the standard of medical education. They have the right to say that all who desire a certificate from the authorized schools must measure up to such a standard. They have the right to say to all intending to practice medicine that, if you wish to enjoy the protection of this country in collecting your fees, you must, in the preparation for your work, meet all of the established requirements. But they have not the right to say to any one, you cannot practice medicine at all. Nor have they the right to say to the people, you must employ a certain man to doctor you, and not a certain other man. In so doing they would be infringing upon one of our inalienable rights as citizens of this free Republic.

Neither are such laws necessary, for if any one is not allowed to charge for his services, and is not protected in the collection of his fees, he will soon change his line of work for something more lucrative. *The only way in which the state*

can establish and maintain a proper standard of medical education is by a complete separation of the teaching and the examining corps. In all I have said, I have made no reference to "isms" or "pathies" in medicine. While yielding to no one the palm for belief in, or devotion to, the great law of "similia," I yet believe that it is not all of the science and practice of medicine. And the science of medicine itself is but a fragment of the far greater science which has for its subject the physical well-being of mankind.

It is the imperative duty of all physicians to so prepare for the work of their chosen calling, and so faithfully to prosecute that work with unbiased judgment, that they will be able to see and grasp the truth; for truth, like the rising sun, is first perceived by those whose minds soar above the intellectual horizon of their day, but, sooner or later, its life-giving influence is felt by all mankind, by all alike. If we each do the best that in us lies, if each is but true to himself,

"It will follow, as the night the day,
We cannot then be false to any man."

With such a record, while we sojourn in this island of time, it will be well with us when we reach the mainland of eternity.

ORIGINAL ARTICLES.

THE REMEDIES FOR SUB-INVOLUTION OF THE UTERUS.

By E. M. HALE, M.D.

CHICAGO.

[Read before the Bureau of Obstetrics at the meeting of the Illinois State H. mœopathic Medical Society, May 16th, 1888.]

By sub-involution of the uterus I mean that condition first described by Dr. Simpson as obtaining after labor, which consists in a failure on the part of the muscular structure of that organ to contract, in a proper time, to its normal size. I also mean that similar condition, recently described by Dr. Mary Putnam Jacobi, as occurring after each menstruation, which, she alleges, is the chief cause of chronic uterine disorders. The two principal pathological conditions in such cases are (a) an atonic or parietic condition of the uterine muscular tissues, and (b) a similar condition of the coats of the uterine blood vessels. The two conditions are not always present at the same time. The one may exist without the other. This must be remembered when selecting remedies.

The chief medicines for sub-involution of the uterus, so far as my investigations go, are

Secale cornutum, *Ustilago maidis*, *Phoradendron*, *Hydrastis Canadensis*, *Caulophyllum*, *Sabina*, *Thuya*, *Gossypium*, *Cinnamon* and *Hamamelis*.

Secale (Ergot) undoubtedly heads the list. Its action on the uterus is well known. It causes a continuous contraction of the muscular fibres of the parenchyma of the uterus, and also the muscular coats of its blood vessels. If a large dose is given soon after labor, the uterus firmly contracts and the contraction is painful. If clots are present in the uterus, they are expelled as a rule, but this rule is subject to exceptions. The most recent axiom of obstetrics is "Never give Ergot when there is anything in the uterus," i. e., wholly within its cavity. Why? Because the contraction includes those of the cervix as well as the body, and any foreign body is more likely to be retained than expelled. But if a clot, placenta or fœtus is partly in and partly out, extruding, then Ergot will expel it. This is an important fact to bear in mind.

Some interesting experiments have lately been made by Drs. Fowler and Heman, of London, relating to the influence of Ergot in involutions of the uterus after labor. Sixty-eight patients were given a single dose of Ergot after labor (thirty drops fl. ext.). Fifty-eight were given fifteen drops three times a day for fourteen days after labor. They found that in the cases treated by the continued administration of Ergot, the uterus diminished in size more rapidly than in those in which one dose only was given. No perceptible diminution in the amount of lochia was observed.

Dr. Bexall reported one hundred patients treated by Ergot. He reports that the routine use of Ergot (fifteen drops three times a day for three days) makes no difference in the time at which the lochia cease, but that it tends to prevent the formation of clots, hastens their expulsion, and diminishes the frequency, duration and intensity of the after-pains. Dr. Dahin reported a series of careful experiments, but they did not present as good a showing for Ergot. Out of one hundred and three cases where only one dose of Ergot was given directly after labor, sixty-four had after-pains and fourteen passed clots. When Ergot was given for three days, fifty-one cases out of ninety had after-pains, and twenty-two passed clots; so that these cases had fewer after-pains but passed more clots. The first series of cases passed clots up to the tenth day; the second series passed no clots after the sixth day.

It seems that the continuous use of Ergot, by

keeping up a chronic state of contraction, instead of allowing normal alternate contraction and relaxation, would tend to favor retention of clots, and prevent the normal process of involution. In discussing this report, Dr. Heman said that Dr. Fowler's better results were due to the fact that he kept up the use of Ergot for fourteen days, instead of three. There may be some benefit from the continuous use of Ergot for the longer period. But I imagine we should select our cases. In primiparæ the use of Ergot for three days would do better than multiparæ, for after first labors there are no after-pains, and the uterus normally contracts *continuously*, while in multiparæ the contractions are intermittent.

In the latter, the use of some other remedy, Caulophyllum or Phoradendron, would be more scientific. This has been my experience, and I am surprised that no mention is made of this fact by the above experimenters. Healthy primiparæ rarely suffer from sub-involution. They only get it when they have had some uterine disorder for years before their confinement. In post-menstrual sub-involution I consider it very valuable, but it must be indicated by its physiological action. The cases which call for Ergot are those in which the menses are too profuse and too frequent, or regular, but too long lasting. The menorrhagia is kept up by a paresis of the muscular structures of the uterus, but the uterus is not as a whole engorged; on the contrary, it is pale and flabby, soft and enlarged. In these cases the Ergot should be commenced on the fifth day of the flow and used for a week in doses of five to ten drops of the fluid extract or "normal liquid." In these cases we require a continuous contraction. If the whole uterus is congested I prefer Sabina or Hamamelis, if it is venous, and Cinnamon or Hydrastis, if it is arterial. If the menses are scanty and pale, Conium or Graphitis are better indicated.

Ustilago maidis, "corn-sweet," while possessing general properties similar to "rye-sweet," or *Secale*, differs in one important respect. Its action on the spinal cord, vascular system, and skin, is essentially the same as *Secale*, but its action on the uterus is not. *Ustilago* causes *regular intermittent* contractions of the uterus, instead of the *continuous contraction* characteristic of Ergot. A large amount of testimony in support of this assertion has been reported from all schools of practice. Were it not for this we might well doubt if there was such a difference in the two Ergots. *Ustilago*, then, will be indicated just where *Secale* is not; namely, in

multiparæ, where we do not desire to cause tonic contraction of the uterus after labor, and where we wish to indicate closely nature's processes. Those who have used it in obstetric practice prefer it to Ergot, for it does not cause hour-glass contraction or endanger the life of the child when given just before the completion of labor; nor does it leave the uterus in a relaxed condition with a tendency to hemorrhage. In most cases of sub-involution, especially in multiparæ or women with very profuse and frequent menstruation, it is superior to Ergot. It resembles Caulophyllum in this one characteristic of regular intermittent uterine contractions. I usually give a full dose, half a dram of a good fluid extract, just as the head is escaping from the vagina. It acts in thirty or thirty-five minutes very uniformly, and expels the placenta in due time. When I desire to prevent sub-involution, fifteen drops are prescribed four times a day for a week or ten days after confinement. I have never carefully noted the effect of this treatment on the duration of the lochia, but I have observed that it was less in quantity and freer from clots than in cases where no medicine was given. Some physicians have reported that *Ustilago* failed as an oxytocic in their hands. This was probably owing to the preparation used. A simple alcoholic tincture does not represent the whole power of the drug; a fluid extract is better. If the fungus is collected just as the spores are ripe, and used in a dry state, the results will be good. If the ripe spores are triturated with sugar-of-milk, the first decimal trituration will be active, but it must be kept dry and closely corked. Of this preparation twenty to forty grains at a dose is sufficient in cases of sub-involution or menorrhagia.

Phoradendron is the name given by botanists to the American Mistletoe. It is nearly identical with the *Biocum Album* or English Mistletoe. The latter has long been used in England and on the Continent by midwives and veterinary surgeons for retention of the placenta and uterine hemorrhage. It has recently been taken up by regular physicians, especially in Germany, and used as an accelerator of labor, in uterine hemorrhage, and menorrhagia. In the Southern states the Mistletoe has a medical history of similar uses. Dr. Long, of Louisville, Kentucky, was the first to bring it into regular practice. A notice of its uses in labor will be found in the last edition of my "New Remedies." Since that time there has appeared in all schools some considerable clinical experience which goes to show that it acts in a manner similar to

Ustilago and Gossypium. All observers agree that when given in labor for deficient or absent pains, it causes intermitting uterine contractions simulating the normal; that in retention of the placenta it aids in expelling it; that in undue hemorrhage or profuse lochia, it restrains it. I do not know of any record of its use in preventing sub-involution. My own unpublished experience is limited to two cases. One, of a case of miscarriage, at the fourth month, in a multipara. Her uterus was very large and flabby. After removing the contents, there continued to be considerable hemorrhage of a passive nature. The cavity of the uterus measured four and a half inches five days after. Under the use of Phoradendron in ten drop doses every four hours for two weeks, the uterus measured three inches and all discharge had ceased. The other case was a woman after her sixth confinement. A week after confinement the uterus was readily felt, reaching half way to the umbilicus. It felt heavy and was very open, with a profuse bloody, mucous discharge. Sabina and Ergot had seemed inefficient. After two weeks use of the Mistletoe, fifteen drops every four hours, the uterus was reduced to nearly its normal size and all discharge had ceased.

(To be Concluded.)

OBSTETRICAL EMERGENCIES.

By A. A. WHIPPLE, M.D.

QUINCY, ILL.

[Read before the Illinois State Homœopathic Medical Association.]

IN obstetrical practice emergencies frequently arise calling for prompt and intelligent action.

Complications often occur, endangering the life of both mother and child, which can easily be averted or overcome by a skillful accoucheur.

In the hands of an incompetent physician or average midwife, such cases often terminate fatally to the child, and too often the mother's life is in peril, or lost by incompetent midwifery.

Many times I have been called to assist at the eleventh hour, delivering a dead baby with forceps which could easily have been saved by their timely application.

Soon after crossing the threshold of professional life, it was my pleasure to go eight or ten miles, one cold, dark night, over Western New York hills, to aid a woman in her thirteenth confinement.

The twelve preceding ones had been normal. On this occasion she had been in labor seventy-

two hours, attended by three midwives, before a physician was summoned.

On arriving at the house I found the lady worn out with the protracted labor, and apparently bloodless, having had profuse hemorrhage during the first stage on account of a partial placenta prævia. On examination I found presenting a hand, and a prolapsed and pulseless cord.

It had originally been a shoulder presentation, right cephalo-iliac anterior position.

The child was dead, the mother exhausted.

It was not a pleasant condition of things to confront a young physician, with no professional aid at hand, and a stranger in the community.

I endeavored to bring down the feet, but at first failed. I then gave chloroform and succeeded.

The lady made a good recovery.

Post partum hemorrhage. This will not very often become an emergency if the third stage of labor has been properly managed.

I once listened an hour to a lecture on this subject. The learned professor expatiated upon the causes, symptoms, classifications and various degrees of hemorrhage, the diagnosis, prognosis and treatment, yet the most practical and useful of all the means at hand, the one most likely to be prompt and effectual in such an emergency, was omitted, or so thoroughly obscured by the profundity of therapeutic means, that the student, who had, as yet, no experience of his own, would fail to comprehend it.

Suppose you are attending a lady in confinement. The child is born, the placenta removed, the mother resting comfortably, and you step into the next room to wrap the cord in cotton before the nurse puts on the bandage. Some one calls to you that Mrs. B—— is fainting. You step to the bedside and find her unconscious, face pallid, depression of pulse, abdomen wonderfully distended and an appalling flow of blood, saturating the bed and deluging floor. In this emergency what shall we do? Will you apply that remedy which is homœopathic to the totality of the symptoms in the case? Will you give Ergot or brandy in unsparing doses? Will you use cold or hot water injections, or pieces of ice in the vagina? Will you inject hot water into the uterus? It has been said "there is little or no danger connected with the operation, and it has been found a most efficient means for controlling uterine hemorrhage."

Possibly you will think best to suppress the supply of blood to the pelvic viscera by compressing the abdominal aorta, or ligating the thighs.

The above, and many other medicines and measures are recommended.

If you hesitate the woman will die. What will you do?

Grasp her distended abdomen with your hand and squeeze it.

Knead the uterine fundus until it contracts.

The indications are to induce contractions of the uterus, by which alone we expect to suppress the hemorrhage. The hand is the indicated remedy, and covers the totality of the symptoms in this particular case.

Puerperal eclampsia constitutes an emergency which the physician may at any moment be called to meet, and demands from him entire self control and presence of mind. In these alarming conditions homœopathic remedies properly selected and administered, are far better than the large doses, the debilitating or stupefying means used by physicians of the old school. I am sorry to say that many homœopaths do not seem to believe this.

As I am writing this a journal comes, containing the report of a case of eclampsia, treated by a member of this association, and a teacher in a homœopathic college, with one-fourth grain doses of Morphia by hypodermic injection in alternation with ninety-grain doses of Chloral hydrate, pumped into the rectum (and by the way, that shows how necessary it is to have pockets in the rectum), and, *mirabile-dictu!* the patient recovered.

People never die because they are not given medicine enough, but often for want of the right kind.

If, after the administration of a well-selected remedy, convulsion should not be relieved, and the patient is past the seventh month, induce artificial delivery as soon as possible.

Not long ago I was called to see a woman "in fits." She was in convulsion as I entered the room. Paroxysms recurred every thirty or forty minutes since early morning, now seven o'clock in the evening.

A physician had been in attendance all day, but had not learned that the woman was pregnant.

She had been married eight months, and menstruated regularly. I saw as I entered the room she was dropsical. My first impression was, pregnancy with albuminuria.

On examination I found her about seven months along, with no signs of commencing labor.

I administered a remedy which was seemingly indicated, but without waiting to know its action, proceeded to induce artificial labor, delivering a

very small but living child at nine o'clock in the evening. There were but two paroxysms after I saw her, one while making the first examination, the other one hour after delivery.

STRONG MOTHERS WITH WEAK CHILDREN VS. WEAK MOTHERS WITH STRONG CHILDREN.

By C. A. WEIRICK, M.D.,

MARSHFIELD, ILL.

[Read before the Illinois State Homœopathic Medical Association.]

SOMETIMES there are expressions, common to many people, that are founded on facts, which, if recognized, would prove of great value to science, and more especially is this true in the science of medicine.

The substance of two of these common sayings, heard from two classes of nursing mothers, is, first, "I do not understand how my baby is so well and plump, while I feel so poorly;" and, second, "I do not understand why my baby is peevish and sickly, when I not only feel well, but am well and strong." The fact is, the mother of the first class converts so much of the food she takes into nutritious milk that the baby is plump and the mother lean; that is, the latter becomes a mere machine for manufacturing food into milk, and, therefore, not appropriating nourishment to her own use, becomes feeble.

In the second class the reverse is true, viz., The mother absorbs to her own bodily use the nutritive elements of food, and hence the baby is deprived of a proper supply of nourishment.

There are several practical deductions that I have drawn from this observation, to one or two of which I wish to call attention.

First, that this tendency to supply an undue amount of nourishment to the child may exist, not only during lactation, but also during pregnancy, and, as a result, the mother becomes so prostrated as either to endanger her life or produce premature delivery.

I will give briefly, from memory, the history of three cases of mothers under middle age, showing this condition.

Case one. Pregnant four times. During first pregnancy she was languid, pale and emaciated, with a fair appetite. The child was born after a short, easy labor, at the beginning of the ninth month. The mother suffered so much from exhaustion that she was unable to sit up for four weeks, and the child was weaned. There was extreme exhaustion during second and third pregnancies; the former terminated at the end

of the sixth month in the birth of a child which lived two days; the latter, in abortion in three months. The symptoms of prostration began so early in the fourth that I feared a repetition of the unfavorable results of previous pregnancies. Thinking of strong babies and weak mothers, and believing that the same condition could exist before delivery, practical application was made of the thought by using means to strengthen the mother. The results were that the baby was born at full term, and the mother felt so well that she wanted to sit up in three days.

Second case. Was pregnant four times. I know nothing of the history of the first one. The mother, during second and third pregnancies, was languid and troubled with excessive nausea, and was delivered, both times, at six months, of children well developed at that stage. The same symptoms that occurred in previous condition were early manifested in fourth pregnancy, and suggested a similar termination. The same object was sought and obtained as in case one. The excessive nausea and languor were relieved, and the case went to full term with a quick and pleasant recovery from labor.

Case three. During latter half of first pregnancy she was weak, had heart-burn, sore mouth, nausea and frequent sensations of faintness. The child, which was large and plump, was born about two weeks before expected time. Mother felt poorly during lactation, but the child was strong and active. The symptoms of the second pregnancy were similar to those of the first, except that they began earlier and were more severe. Labor, as before, came earlier than was expected. The symptoms of prostration in third pregnancy began earlier than in second. At the end of second month her face was pale, cheeks hollow, mouth sore, severe heart-burn, pulse very rapid, and while away from home, after slight exertion, she fainted, remaining unconscious nearly half an hour, notwithstanding the efforts of a physician and her friends to revive her. The prostration was earlier and greater in the second than in the first pregnancy, and so much earlier and more pronounced in third than second, that I believed something ought to be done to relieve her, or the termination of the case might be serious. In previous similar, though less severe conditions, I was not skillful enough to relieve her; but believing now that if some means could be found that would enable her to appropriate some of the food taken to her own bodily use she might be relieved, I adopted this plan. She

soon regained strength, felt well, gained flesh, muscles became firm and elastic, appetite good, food retained, the anxious, tired, sick expression of face gave way to one of cheerfulness and health. Instead of labor beginning, as in previous pregnancies, before the expected time, this one occurred about two weeks later.

It also seems to me by reason of this fact that when the mother is constantly strong and well during lactation, but the baby, during the same period, is as steadily ill, it is right, in carefully selected cases, to wean the child. I have seen children with such mothers, suffering in hot summer weather from lack of nutrition and frequently recurring attacks of gastro-enteric irritation, rapidly recover after weaning. The mother, in such cases, evidently appropriated so much of the ingesta to herself, that the milk was deficient in the elements necessary to keep the child up to a healthy standard. Harmful food should not be fed to a child, even if it be mother's milk.

V.

HAY FEVER;

RHINITIS VASO-MOTORIA PERIODICA.

By E. LIPPINCOTT, M.D.

MEMPHIS, TENN.

THERAPEUTIC INDICATIONS.

Naphthalin.—Dr. Von Grauvogl discovered by provings on the healthy, and confirmed by clinical experiments, the use of this remedy in emphysema pulmonum. He claims that "the violent asthmatic attacks are ameliorated immediately, and soon disappear entirely." He gives it two or three times a day, and not oftener than every two hours. He recommends that "the administration should be interrupted occasionally, for eight days, but as soon as the improvement ceases, or a return occurs, the Naphthalin must be taken as before." He also claims that "beneficial results arise not only in the usual chronic emphysema, with bronchial catarrh, which exists in the lungs of buglers, but also in the emphysema, in consequence of the so-called bronchial asthma, without bronchial catarrh, which arises from abnormal innervation of the vagus."

This remedy is applicable to more cases of hay fever, and to more forms of it, and better results are obtained from its use in all stages, than from any other drug. As a prophylactic, a dose of the 2x, or 3x trituration, either in

powder or tablet, if given three times a day, will, in many—though not in all—instances, give immunity from an attack. It is in those cases in which previous attacks have been slight, that it will prevent an onset of the disease. In rose-cold I have never given any other remedy, and have cured every case, though the number is not great.

On May 6th, 1885, I received the following note from Mrs. C—: "I am in torture with rose fever; great irritation of the lining membrane of nostrils and lips, with constant running of water from the nose, with feeling of having inhaled pepper. Constant sneezing. Eyes inflamed and painful. Entire head hot and inclined to ache. Send something to relieve me." I prescribed Naphthalin, 2x trit., every hour. On May 8th, the patient called at my office for more medicine, and wanted to know what that medicine was that gave her so much relief. She said she had had rose fever every year for twelve years, and had been treated by a number of physicians with but little relief at any time, until she had taken treatment from me. On May 11th she called again. She said she was cured, but, as she was going out of the city, she wanted another prescription of the same medicine to take with her to use in case of a return. On May 29th she called at my office again; she had had no return of the disease. (Reported in *American Homœopathist*, Vol. II, Dec. 1885, page 354.)

I had not seen this patient again, until March 1888, when I learned there had been no recurrence of the attacks.

I first prescribed this medicine in 1879, in a case of hay fever which I had failed to relieve with other medicines. The 1x trit. was given every four hours. Four powders cured, and gave immunity from its recurrence. In 1880, six powders gave a like result. In 1881, there was no attack. In 1882, the patient changed his occupation, which required constant traveling. He had a recurrence of the disease. The same medicine, 2x trit., cured in a few days and there has been no recurrence since.

In the June issue of the *U. S. Medical Investigator*, Vol. XXI., 1885, page 299, I introduced to the profession the use of this medicine in hay fever, and related the coincidence that led to its use. Since that time, I have had the gratification of having many physicians bear testimony to its successful use.

In the following August issue of the same journal, Dr. W. C. D—, Oakfield, Wis., in relating his "experience with Naphthalin," says:

"I have a case of hay fever here in which Naphthalin, 2x trit., did a splendid thing. A lady who has been troubled for the last eight years, had found no relief. I gave her five powders and she reported herself cured, something different than she is used to, as she now sleeps all night and feels splendid."

In the following October issue, Dr. W. Waddell, Wauseon, Ohio, reports fine results from the use of Naphthalin 2x trit., in hay fever, giving five two-grain powders, which cured every case, where he had tried other remedies and failed.

In the December issue, Dr. O. P. Barden, Tioga, Penn., says: "Dr. B. F. Grant, of Bath, New York, who was a sufferer from hay fever, received prompt relief from Naphthalin 1x or 3x trit."

In the October issue of the *Southern Journal of Homœopathy*, Vol. V., 1885, page 87, I reported the cure of a case of acute catarrh with Naphthalin when other remedies had failed.

Next in order was the testimony of the venerable Dr. A. E. Small, in his "*Systematic Treatise on the Practice of Medicine*," 1886, page 775, in the following words:

"NAPHTHALIN IN HAY FEVER. We have had some delightful experience in the use of this remedy in hay asthma the present season; several cases were relieved or cured in the course of one week, with the 2x trit."

Besides these, others have testified to its efficacy by personal letters, clinical cullings, and through the journals, but the best testimony of all comes from Dr. F. F. Laird, Utica, New York, in an article on "Naphthalin," read before the Homœopathic Medical Society of the State of New York, Feb. 15th, 1888, and published in the *North American Journal of Homœopathy*, March, 1888. The portion of it under "*Respiratory Organs*," relating to hay fever, I herewith copy:

1. "*Hay Fever*.—For this obstinate malady it is *facile princeps*. Dr. Small and many others in the homœopathic ranks have here testified to its wonderful efficacy. '*It almost never fails*,' is an assertion to which the writer can truthfully and emphatically add his verdict. While it seems to benefit *all* cases of this strange neurosis, (?) it is especially adapted to patients who experience more or less asthmatic symptoms. I may safely say that Naphthalin is to "*hay asthma*" what Aconite is to *synochial fever*, as near a specific as anything in medicine can be.

"During this summer and fall I have treated eighteen cases of hay fever with this drug alone,

and with the most satisfactory results. Two cases deserve to be quoted as exhibiting the typical patient.

"Case 1.—E. L., aged 46, nervo-bilious temperament, has suffered for nineteen years with hay fever, which put in an appearance regularly on the 14th of August. It began with dull frontal headache and sense of malaise, followed in from 24 to 48 hours by fluent coryza, excessive sneezing, injection of conjunctivæ and most unbearable itching of the eyelids. During the first week this condition gradually increased until the nose, eyelids, and, in fact, the whole face, became so swollen as to resemble the countenance of Sullivan's antagonist after a prize fight. During the second week, the inevitable asthma added to his misery. Night after night he suffered from as intense dyspnoea as I ever witnessed, the lips and even the finger nails becoming blue; while all through the day his wheezing breathing could be easily heard in an adjoining room. Ipecac, Arsenicum, Kali iod., Sabadilla, Aralia, were all faithfully tried, together with many other remedies of less note. Hypodermic injections of Morphia and Atropia gave him his only relief in the paroxysms of asthma. A trip to the White Mountains put an end to the trouble for 1886. During last winter my attention was first called to Naphthalin, and immediately the above case came to my mind as most appropriate for its use. On August 1st of this year I began giving one tablet of the 2x trituration three times a day, to test its powers as a prophylactic. August 14th passed without any sign of hay fever *for the first time in nineteen years*. I seem to hear the skeptic suggest that 'He wouldn't have had it any way!' So the patient began to think. He therefore stopped using the drug for a week, and on came his hay fever. On resuming the remedy the symptoms at once subsided.

"This fact illustrates a point which I wish to thoroughly impress upon your minds, namely, *the necessity of continuing the use of the drug during the whole time that the disease generally lasts*. Like quinine in malaria it prevents its manifestations without stamping out its cause.

"Case 2.—F. W. T., clergyman, at about 50, lymphatic temperament, a victim to hay asthma for 14 years, was frequently compelled to give up his pastorate for several weeks and seek the mountains for relief. This year he came to me in June to know if anything could be done in the way of prevention, his old enemy having just commenced operations. He had but recently moved to the city in the hope of avoiding this

pest. Naphthalin 2x was administered, and in twenty-four hours he was perfectly free from his trouble, and has so continued up to the present writing.

"In cases presenting marked tumefaction of eyelids and nose, with very excoriating lachrymation and coryza, Naphthalin cerate locally is a valuable adjunct to the treatment; while in marked irritability of the throat and in the asthma, the application of a two per cent spray will be found very useful."

I have also learned that to get beneficial results from the use of Naphthalin, it must be continued at longer or shorter intervals during the hay fever season, and its use continued thereafter in many cases, for the purpose of removing the chronic rhinitis, which it has done for me in a few instances. I do not think that, "Like Quinine in malaria, it prevents its manifestations without stamping out its cause," but, that it frequently stamps out the cause. If it does not do so entirely while taken during the hay fever season—for the exciting cause is present, ever ready to renew the attack—it will accomplish the desired purpose in some cases by its continued use thereafter, when it should be given in a higher attenuation.

From the clinical use of Naphthalin I am led to believe it to be a left-sided remedy, and its action more pronounced in the left than in the right lung. In Naphthalin, we have a sovereign remedy in emphysema, asthma, hay asthma, hay fever, acute and possibly chronic catarrh, and I believe in chronic rhinitis. It should be well proved. We should not forget that true hypertrophy and other organic changes and anatomical peculiarities preclude the possibility of a cure by internal medication until these are corrected by operative procedures.

Illinois took the initiative, in providing a law governing the practice of medicine, which has had a beneficial and far-reaching effect. Minnesota bids fair to out-rival the example set by her sister state. The Minneapolis Homœopathic College has gone out of existence. With it, also, have dissappeared the Minnesota Hospital College, and the St. Paul Medical College. Hereafter all medical teaching will be done in the department of Medicine and Surgery of the Minnesota State University, which is made up of a College of Medicine and Surgery, a College of Homœopathic Medicine and Surgery, and a College of Dentistry.

SOCIETY REPORTS.

ILLINOIS STATE HOMŒOPATHIC MEDICAL ASSOCIATION.

THIRTY-THIRD ANNUAL MEETING,

Held at Central Music Hall, Chicago, Ill., May 15, 16 & 17, 1888.

TUESDAY, MAY 15TH.—FIRST DAY.

The meeting was called to order, President Kinyon, M.D., of Rock Island, in the chair, who said:

Gentlemen of The Illinois Homœopathic Medical Association, we will now begin our thirty-third annual session. The meeting will be opened with prayer by the Rev. Dr. Patton.

The Rev. Dr. Patton offered the following prayer:

"Almighty God, our Heavenly Father, we look to Thee with profound gratitude, thanking Thee that Thou art the author of our being; thanking Thee that Thou hast made us, as Thou hast, with such infinite possibilities in our nature; but we remember that our immortal nature is not only a gift of God, but also our physical nature. We thank Thee that we are living in these days when it is impossible for the moral principle in man to have proper scope and development without coming forward with the physical groundwork of our being. We bless Thee that in all the divine callings which came to man, one of the highest and holiest is that which takes care of the physical nature. We pray that Thy blessings may rest to-day on this convention of physicians and surgeons who have come together to discuss grave questions pertaining to the nature of man. We pray Thee that they themselves may be conscious of their high calling and that they may realize the glory and dignity of this broad and deepening profession which is covering the earth with its knowledge and culture. We pray Thee that this convention may be blessed with Thy presence and that the deliberations of this day may result in enlarging the bounds of truth, and in stimulating deeper researches in the great questions of physical life. We ask Thee to guide that we may be earnest in our deliberations after truth and be conscious that God labors with those who labor and seek after His truths. We ask this in the name of Jesus Christ, our Lord. Amen."

Dr. L. Pratt, of Wheaton, moved that the President postpone his address until eleven o'clock, Wednesday morning.

The motion was seconded by Dr. H. P. Skiles, of Chicago, and carried.

The appointment of an auditing committee being next in order, the President appointed as such committee Dr. H. P. Skiles, of Chicago, Dr. M. J. Hill, of Sterling, and Dr. J. B. Dunham, of Winona.

The President appointed as a committee on the President's address, Dr. L. C. Grosvenor, of Chicago, Dr. F. W. Gordon, of Sterling, and Dr. M. C. Sturtevant, of Morris.

MISCELLANEOUS BUSINESS.

Dr. Charles Gatchell, of Chicago, moved that the President appoint a committee of three on resolutions, to whom should be referred all resolutions coming before the meeting.

The motion being duly seconded, was carried.

The President appointed as such committee Dr. Charles Gatchell, of Chicago, Dr. G. F. Shears, of Chicago, and Dr. M. J. Hill, of Sterling.

Dr. G. F. Shears, of Chicago, offered the following resolution: "Resolved that each bureau be called at the time indicated upon the printed programme, and that no other bureau shall occupy the time of the bureau called, unless that bureau has completed its business."

The resolution being duly seconded, was referred to committee on resolutions.

The chairman of committee on resolutions reported that the committee had given the resolution careful consideration, and recommended that it be adopted by the association.

BUREAU OF OBSTETRICS.

Dr. L. C. Grosvenor, chairman, read to the society a paper by Dr. C. A. Weirick, of Marseilles, entitled:

"Strong Mothers with Weak Children, vs., Weak Mothers with Strong Children."

Dr. A. A. Whipple, of Quincy, read a paper entitled "Obstetrical Emergencies."

Dr. L. C. Grosvenor, of Chicago, spoke on the subject of Infant Hygiene. His remarks were so replete with object illustrations that it is impossible to reproduce them on paper.

The President announced that the papers read before the society were now open for discussion.

Dr. Adam Miller:—Mr. President: I have listened with great attention to all these papers, and to remarks of Dr. Grosvenor, and they contain material of more importance than young doctors would give them, perhaps, by a careless listening. It is striking at a point that will re-

sult in more good to the mother and the child than those who have had no experience in these matters can have any possible conception of.

If we expect to see mothers and children happy and healthy, a great deal of attention must be paid to the matter of lactation. A great many mothers, for want of proper diet and for want of proper attention on the part of the physician, will throw themselves into a state of nervous excitement that will injure the child, and the mother's milk will become unhealthy.

Dr. Gatchell:—Mr. President: Bob Ingersoll has said that the education of the child should begin a hundred years before it is born. I think we may well apply that to its education in other respects—its constitution and physical being. In this connection I think the central idea in Dr. Weirick's paper is one that will bear discussion, and that is, the suggestion that the well-being of the child should be considered while it is yet in the womb.

In the next paper, Dr. Whipple made one point in an epigrammatic manner, to the effect that the indicated remedy in post partum hemorrhage, is the human hand. I would beg leave to suggest the addition of another hand, and say, two human hands. There should be not only the left hand on the abdomen and over the uterus, but also the other hand in the uterus, to turn out the clot, and the instructions would be complete.

Dr. Wm. J. Hawkes:—Mr. President: I want to say one word in endorsement of the statement expressed by the paper, and by Dr. Miller, and that is in regard to the paramount importance of letting the pregnant woman have her own way. A woman under the circumstances should receive special care and attention, not only for her own sake, but especially for the baby's sake.

A mother can make a child's disposition just as she will. She can make its health (barring heredity), what she will, by being happy herself. That woman should be furnished with what she wants; she should come and go just as she chooses. There is no one thing that will so benefit the child as that the pregnant woman should have her own way in that particular. I have seen instances in families so markedly proving the truth that, theoretically, it does not need to be sustained. It is one we all notice so often, that the first children are comparatively feeble, some cranky, some cross, and some irritable, and the later children, having the same parents, will be happy, healthy and good, while the first

is bad. It is simply because after marriage the corners are being knocked off. Nobody marries his ideal. Nobody's ideal ever comes up in reality, and consequently during the first year of married life the husband and wife are becoming acquainted with each other; they are getting used to one another's tempers; they are getting accustomed to disappointment that inevitably comes, which is a result of importance to the child. I have known so many families where this is the case, where the first child was as ugly as possible and the next or other children be of as good disposition as you would want, and all owing, I think, to that one fact. I agree with Dr. Whipple most emphatically in regard to the homœopathic remedy of the human hand being the proper one.

Dr. H. P. Holmes, of Sycamore:—Mr. President: I would like to say a word in favor of Dr. Grosvenor's baby-suits. I first met Dr. Grosvenor at our American Institute at Saratoga, two years ago, and I can say that he has been the means of giving me a great deal of practice. At the time I met him I was getting rather discouraged, rather disgusted over my obstetrical practice, and looked upon it as tedious; but when I saw his baby-suits and heard his talk before the American Institute, I became filled with new ideas. The Doctor very kindly gave me a set of patterns, and being about that time in need of those things, we commenced using them in our own family; and I commenced putting them among our families at Sycamore, and it was perfectly astonishing to see the enthusiasm that the prospective mothers have over them to-day. In the ordinary family, where they have baby clothes all made, I would see them discard them almost at once and make new ones. In fact, I have had several lectures from prospective fathers as to incurring the expense of getting up the new suits. I was a little surprised to see the way the gentlemen and some of the ladies handled the clothes here as they were exhibited to them, and it is that very same spirit which is governing our mothers, and which has governed our grandmothers. When they were handed to them they would hand them right on to the next without looking at them. Now any one can take these suits and put their hands right in the sleeves there, and you will find what a delicate little mouse nest the baby has to lie in, and you can take those suits and put them on the baby in just about a minute, which saves the young mother the work of using pins and bandages. You take one of Dr. Grosvenor's baby-suits and simply tie the string

around the neck and it is all done. Another thing that the Doctor left out, and I wish to say that young doctors, those who wish to make a reputation, should pay particular attention to this, and that is, the baby's oil bath. I will guarantee to take any baby from the time it is born and in fifteen minutes have it washed and dressed. The young doctors should themselves dress the baby; it is no trouble at all, and you will lose nothing by it. While you are watching the mother, after the birth, watching for the post partum hemorrhage, you can dress the baby, and it is always done right there. Don't trust it to the nurse, but do it yourself, and you will have a reputation in that family by that more than any one thing you could do. I am very thankful to the Doctor for the good he has done me. Take these patterns with you whenever you are engaged for a confinement, and give the mother the same lecture and it will pay. They will always be thankful for it.

Dr. J. B. Dunham, of Winona:—Mr. President: I had occasion to meet Dr. Grosvenor two or three years ago, when he kindly gave me a lecture on baby suits, and I took a set of patterns home, not having any use for them myself, being a widower; but I found others who had, and I introduced them into the families, and took the trouble and went to the expense of reprinting a little pamphlet which he kindly gave me, written more expressly for mothers, and handed that around; and I must say that for real, genuine comfort those little baby suits gave me more satisfaction in obstetrical practice than anything that I have ever had to do in that way. Regarding the bandage, I have had two patients in the last three months of infantile hernia occurring in little boys, that was directly traceable to an improper bandage. The first thing I did upon being called—they were then still bandaging him—was to remove the bandage at once in both cases, and had the mother apply, as best she could, each time a bandage of cotton, and those children are both improving and promise to recover. The first thing we did in endeavoring to cure them was to remove the bandage, and I am satisfied that in those cases that was the direct cause of the trouble.

Mrs. Dr. A. A. Whipple, of Quincy:—Mr. President, ladies and gentlemen: I should be glad if I am permitted to say a word on this subject of baby-suits. I am not a physician, but I am the wife of a physician and the daughter of a physician, and I am a mother, and I am particularly interested in this question of baby-suits. Dr. Grosvenor says not to put socks on

the baby. What shall we do with the little feet? The dresses are short, the skirts are short, what shall we do?

Dr. Grosvenor:—That does not apply after the short clothes come on.

Mrs. Whipple:—There are no clothes on the little feet, and if the feet are cold they will have colic immediately. What shall we do? There is another question: they tell us to let the mothers, during gestation, have every thing they want, have their own way; but is that possible? Go when they wish and come when they wish. How can we do this? When we have so much put upon our shoulders, as upon the shoulders of the wives, it is very hard to tell us to do so. A great many people come to me and speak of their troubles, and how can I recommend them? What can I say to them? Their husbands say, "Oh, my wife is so fretful I can't do anything, with her." What shall we do? The babies must be cared for, they are not able to have servants, not able to have all the necessities they wish, and what shall we do? I think perhaps the education of the mothers should not only be discussed, but the education of the fathers and the physicians. (Applause).

Dr. Grosvenor:—My friend Dr. Hawkes, in giving his advice about letting mothers have their own way, made some very good points, and especially in regard to the husband taking pains to see that the wife's wishes are consulted, and that she has what she wants during gestation. And I can say that all the care and attention you can bestow upon a wife during that period will come back a hundred fold in their good health. My friend has alluded to what Bob Ingersoll said in regard to the education of children. Dr. Williams says that all diseases are curable and that some of them have to be begun back 200 years, so you see he seems to have the same idea. Now I want to say one word in answer to what was said in regard to the hernia. I say, in nine cases out of ten it is a perfectly easy matter to cure umbilical hernia. I have discarded bandages, and I have had no ruptured babies.

Dr. W. A. Smith, of Winona:—Mr. President: I raised a colicky baby. I remember in Joliet I spoke about it, and I asked the doctors there if they had any prescription that would cure the colic, and we undertook to cure our baby according to some method, and I had my friend Dr. Dunham with me, and I think he and I almost exhausted the homœopathic materia medica and that baby still thrived and squalled and grew, and grew and squalled and thrived,

and I don't know whether I raised the baby or the baby raised me. (Applause). And it is still a question in my mind. Now then, if we ever raise another, we shall unquestionably use Dr. Grosvenor's baby suits. It is comfortable and it is easy and labor-saving for the mother, but for mercy's sake, gentlemen, if you have any prescriptions for the colic that are sure to work, let me have them before I leave.

TUESDAY, MAY 15TH, 2 O'CLOCK P. M.

The convention was called to order by President Kinyon in the chair.

The President appointed Dr. W. F. Hobart secretary pro tem., in the absence of Dr. Curtis M. Beebe, Secretary.

BUREAU OF OPHTHALMOLOGY AND OTOTOLOGY.

Dr. J. H. Buffum read a paper entitled "Eye Headaches."

Dr. C. H. Vilas, of Chicago, read a paper entitled "Clinical Eye Cases."

The President announced that the papers read under this bureau were now open for discussion.

Dr. C. H. Vilas:—Mr. President: I was very much interested in Dr. Buffum's paper, because it is a subject which has attracted a great deal of attention from ophthalmologists.

I might say a word supplemental, that the Doctor did not speak of, viz., about operators. There have been a great many operations performed for insufficiency of all or either of these muscles, and it is not infrequent at all for specialists to see persons who have been operated upon for insufficiency of the internal recti. It is right here that I would like to emphasize this point, and that is, that it is almost always unnecessary to operate for these troubles, as our remedies render such a proceeding unnecessary. The remedies that should be administered, and which have been well tried, are *Argentum nitricum* and *Gelsemium*. To these might be added a third, *Causticum*. These three remedies have done a great deal in the way of relieving insufficiency of the internal recti and the ciliary muscle, and should be well tried before any operative proceeding is thought of.

The President: I will appoint Dr. C. H. Vilas as Chairman of the Bureau of Ophthalmology and Otology for next year.

BUREAU OF PATHOLOGY, PHYSIOLOGY AND HISTOLOGY.

Chairman, Dr. M. J. Bleim:—Mr. President:

Dr. F. O. Pease, of Morgan Park, read a paper on "Cardiac Lesions and Their Relations to Wasting and Chronic Diseases."

Dr. M. J. Bleim, of Chicago:—Mr. President: There are quite a number of cases in which heart disease and lung disease exist in the same patient, and in which with careful tracing of the history, the heart trouble is found to be the primary trouble, there perhaps being a predisposition, and consequently a subsequent development of lung diseases. The fact that the Doctor mentioned, that so many cases of heart disease, from a close physical examination, in the absence of subjective symptoms, is interesting, and the paper that was presented by Dr. Ehinger at the last meeting, upon the fact that many cases exist for years and years without giving rise to any disturbance of the functions of the heart or circulation, so that now the prognosis of heart troubles is not nearly so grave as it used to be; the fact that traces of heart disease can go on for twenty or thirty years without giving rise to any disturbance of the functions, shows the necessity for an early diagnosis. If we can discover the original heart trouble, before this secondary lung trouble, we will certainly do a great deal to prevent lung diseases.

BUREAU OF DISEASES OF WOMEN.

Dr. S. P. Hedges, of Chicago, chairman.

Dr. M. J. Bleim, of Chicago, read a paper entitled "Phimosis in the Female."

Dr. S. P. Hedges: I have a short paper here to which I will invite your attention for a few moments. It is in regard to special remedies in ovarian diseases, a question which has been considerably in my mind during the last year, and since my attendance upon the American Institute, and talking with some of the students upon *materia medica*. This paper has some arguments for the development of our *materia medica* by physicians, as we go along in our work. And I suggest that the members of the convention observe the different drugs used, and in this way particularly to make an exact *materia medica* for us which will be scientific, and which will demand a close adhesion of all medical men, and this will be done by gathering up and saving these records, and thereby have a *materia medica* upon which we can depend.

Dr. Geo. A. Hall, of Chicago:—Mr. President: Let me ask a question, more for my own information than for the instruction of others. My friend, Dr. Hedges, has read us a paper which I am a little bit in doubt to know where it belongs, in the bureau of *materia medica*, or ophthalmology and otology, or in the waste basket, I cannot tell. There are some good points there, but by some of the Doctor's statements I don't

know exactly what he means. He says his attention to Iodine was first attracted by local application, that it seemed to relieve those pains which arise in ovarian irritation. Now, if we are to make our observations in regard to *materia medica* from the effects of local applications, or where local applications are made simply with the administration of remedies, it strikes me that we have very little grounds for placing that in our *materia medica*, and I would like to ask the Doctor where the local application was made and under what circumstances, and whether those pains were absolutely the result of ovarian irritation or rectal disease, or what they might be, is the question. When we come to compare our *materia medica*, and when we come to prove it and prop it up by our own experience, I feel that we shall have a prop much weightier than the *materia medica* itself. I do believe in local applications myself, and I use them frequently, but I have never yet made them without studying the *materia medica* by the very symptoms relieved by local application. I don't believe that we always get the same result from the internal application of a remedy as the local application of it. I understand the physiological effect is very different. We do not intend that it shall be applied in the same manner under the same circumstances, but there is a good idea there, and I think many times that if men would stop and recognize what they see in their own practice, and then undertake to explain that to themselves satisfactorily, we will readily recognize the great fact that there is one place in our *materia medica*, and one failing, which must be filled sooner or later. It is a fact that in studying the symptoms it is not only necessary for us to recognize the fact that a certain remedy produces a certain symptom, or that a certain symptom can be exhibited under the influence of certain remedies, but we must study the fact that certain remedies act upon certain tissues and certain organs. One remedy may spend its force upon the mucous membrane, the next upon the nervous centers, and so on. Then there is another trouble in our making a careful observation to know what is reflex and what is direct. I think the field is too extensive. It certainly involves too much interest to the profession for us at any one meeting to settle the question, but suggestions thrown out will lead to other inquiry, and if the doctor will answer the questions which I have asked simply, it will aid me at least in making further investigation.

Dr. Hedges: I see that Dr. Hall misunderstood my paper; it was this: I noticed that the

Iodine applied to the cervix and endometrium, relieved ovarian pain which I had otherwise failed to relieve. I had never had my attention drawn to Iodine as a remedy for ovarian pain. It was simply not that I looked upon it as bolstering up the *materia medica*, or necessary to that, but I had my attention first drawn to it in that way, and hence I began to look it up, and found, to my surprise, that Iodine, of which I was ignorant at that time, had these symptoms. Then I said to myself, perhaps it would relieve symptoms of that kind in cases not under local treatment, if I had those symptoms to deal with. So when I found I had those symptoms, in cases which were not under local treatment and in local application, I turned over to my Iodine and I found that I had verified the symptoms, and have cured those symptoms; so I believe in the local application of it to uterine troubles, and yet I agree entirely with Dr. Hall, that we are to be very careful in what we observe from the effects of those remedies locally, for their physiological effect is different locally from what it is when given internally. I think that meets that point.

Dr. Hall: I understood that you were giving a remedy at the same time you were making the local application.

Dr. Hedges: No. My point was that I observed those symptoms were relieved while I used it in one case, brought my attention to it in another case. That is, it disappeared while I was using it. I know the local application of certain remedies has an effect similar to that when given internally, and in this case it brought my attention to it, and so, on using it, I verified that symptom with the *materia medica*.

Dr. W. J. Hawkes:—Mr. President: The action is precisely the same, but the symptoms come by the drug being applied to the surface; it is sometimes a raw surface, and it is absorbed into the system and it goes to the nerve centers just the same. I think Dr. Hall is in error when he states, or seems to imply, that one drug (all other than chemical, I mean—given as medicine), that one drug will go to one distinct center, and so on. The action is on the nerve centers governing those points. All these symptoms are brought back from the nerve centers, then the nervous system is the governing power of the individual, so when the nervous system is really the individual, the tissues are all under its control, and the action will be precisely the same, excepting in the chemical and mechanical results.

Dr. Hall: I would like to ask if you finally proved the remedies by making application?

Dr. Hawkes: You apply Belladonna and you will get the effects of Belladonna in other parts of the body just the same as if it were given internally.

Dr. Hall: I wanted you to admit that fact in public, because we have had some discussion about it before.

Dr. Hedges: I have said that drugs could be proved by using them locally, hypodermically, or rubbing them on the surface. You can explain this with Castor oil; it is not that the Castor oil goes to the bowels and stimulates them, it goes to the nervous center controlling the bowels. Now I heard a statement made today, about what was contained in one of the allopathic journals as to what caused the cholera symptoms; that it was the irritation of the virus irritating the intestines, and any good pathologist knows it is the vaso motor nerve centers, relaxation of the capillaries, that causes the motory inaction, giving us the results of cholera. That is the same principle precisely; we go back to the nerve centers for all our results, drug and medicinal.

Dr. T. S. Hoyne: In this connection it is only necessary to call attention to one or two remedies. You can get the influence of certain drugs by rubbing them in the hands. Take the application of Mercurial ointment, and if you rub that in the skin pretty well the patient has salivation just as certain as if he took the drug internally.

Dr. H. P. Holmes, of Sycamore: — Mr. President: It seems to me that this is but another proof of the law of our school. We are taught by Samuel Hahnemann that it is not necessary to use local application for the treatment of diseased conditions, and the Doctor has proved this satisfactorily to my mind; I should like to know by what pathy he was taught to apply Iodine to an inflamed cervix, and furthermore, if by that local application he blundered upon the idea that it would cure the ovary, and finally found out what had never been proved before this doctor found it, that Iodine would cure the ovarian condition. Now, if the Doctor had studied his materia medica and gone carefully to work and found a constitutional remedy, that remedy which had become applicable to the symptoms, I don't think he would have been obliged to use the Iodine as a local application.

Dr. Hawkes: I would like to speak a word in regard to a fundamental error of the gentleman (Dr. Knoll) who has just spoken, that be-

cause a drug does not produce a disease, therefore it cannot cure that disease. It is not necessary that a drug should produce a disease in order that that remedy should cure the disease. That is absurd — perfectly absurd. Suppose that I have a remedy that will produce ganglion, or produce anything. It does not follow because we have no remedy to produce that, that we have no remedy that will cure it. That is fundamental.

Dr. Curtis M. Beebe read an article entitled "Alexander's Operation."

The chairman appointed Dr. S. P. Hedges Chairman of the Bureau of the Diseases of Women for the next year.

Dr. E. M. Hale, of Chicago, read a paper entitled "The Remedies for Sub-involution of the Uterus."

Dr. W. H. Hall, of Havana, read an article entitled "Some Experience with Sodium Phosphate."

Dr. W. J. Hawkes, of Chicago, read a paper entitled, "A Study of Lycopodium and Natrum Muriaticum."

On motion the discussion of this bureau was left open until the next session at 9 o'clock A. M., May 16th. Adjourned.

WEDNESDAY MAY 16TH, 9 O'CLOCK A. M.

Meeting convened; the President in the chair.

BOARD OF CENSORS.

The chairman of the Board of Censors read to the meeting the following applications: Dr. C. D. Warden, Carthage, Illinois; W. A. Boyd, of Rockford, Illinois, and J. W. Walker, of Washington, Illinois.

It was moved that the applications be received, and the members elected. The motion being duly seconded, it was carried.

The further discussion of the Bureau of Materia Medica, left open at the last session, was now resumed.

Dr. A. A. Whipple: In regard to Dr. Hawkes' paper, I would like to say a word simply in confirmation. He gave the characteristic indications of a good many remedies for intermittent fever. There came to my mind one particular case. About a year ago there was a patient that I was called to see, suffering with what might be called superciliary neuralgia over the right eye. I tried several remedies. Every day it would come on about eleven o'clock, and it would last all forenoon and in the evening and late at night, when he would go to sleep, and in the morning it would

be gone. Then just about eleven o'clock again it would come on, and I tried two or three remedies, but with no success. There was very severe pain, and its intermittent character led me to use *Natrum muriaticum*, and the neuralgia never came again. *Natrum* will do that every time when we get the right indications, and the time of day, eleven o'clock, is characteristic. I remember also one other case of intermittent fever that the time of aggravation was not the characteristic indication, but the fever blisters about the mouth, and that was really the only indication that I could get; still *Natrum* proved to be the remedy.

Dr. Curtis M. Beebe, of Chicago:—Mr. President: In discussing the remedies for sub-involution yesterday, Dr. Hale discussed the homœopathic remedies as remedies alone—as medicines. It seems to me that there has been opened to us within the last two or three years, a new field in the study of sub-involution. Electricity has come to our aid, the most valuable of all remedies in the treatment of sub-involution; but in order that electricity or any remedy shall do its work, many things must be righted. Sub-involution is often dependent upon laceration of the perineum or uterus, and that must first be corrected before we can expect to have perfect results from remedies or electricity. Alexander's operation, of which I spoke yesterday, will correct retroversion and retroflexion dependent upon sub-involution, while after the operation rapid changes take place within the uterus, owing to more perfect circulation of blood, and the uterus decreases rapidly in size and weight.

So I think we must consider many things in studying the subject of sub-involution, and after the case has been put in a surgically good condition, then electricity and remedies are applicable. But I believe, without using the surgical means which are at hand in the correcting of these disorders, that we get very little result from remedies.

Dr. W. J. Hawkes:—Mr. President: I have a little more to say, especially on the paper of Dr. Hale. It is rather a discouraging paper to homœopaths, especially coming from one who has occupied so prominent a position in homœopathy, and treating as it did, the remedies, and the drugs, and the doses in anything but a homœopathic way. There was no encouragement for a homœopathic practitioner in the paper. There were a good many fundamental errors in the paper, one of which is that it is necessary to give drugs in drug doses to prevent disease, or prevent sub-involution, or prevent

after-pains, and prevent a great many diseases so-called. I have practiced twenty-two years, and I have had a great many obstetrical cases, and never yet have had to resort to any of these extraordinary measures, and I think if physicians would more strictly adhere to the homœopathic law in keeping the patient well, there would not be any of this necessity, or fancied necessity, of acting in this absurd way to prevent what they should have prevented by keeping the patient well.

Another point, that is, the giving of Ergot. He said one good thing which I will give him credit for, that you should never give Ergot while there was any foreign body in the uterus. It has been a habit in some hospitals, homœopathic or allopathic, of giving Ergot after every labor, all of which is not only unnecessary, but harmful. The process of labor is a natural process. The reduction of the womb to its natural size after labor is a natural process, and goes on in a natural way. Dr. Hale said that you should give Ergot in moderate doses—from fifteen drops to two or three drams, moderate doses, when there was nothing inside the uterus, in order to bring it down to its normal size. Now it seems perfectly absurd to me, and unnatural, unphysiological and illogical to drug your patient to finish up a natural process. And the giving of Ergot to cause contraction of the uterus after labor to prevent hemorrhage is calculated to produce the result which it is here intended to avoid, because the action of the Ergot is stimulation of the uterus, and you are more liable to have hemorrhage than if the Ergot had not been used. I say, I have practiced twenty-two years and I have never lost a case of labor, and I think it is because I have had good luck and adhered strictly to the homœopathic law—kept my patients well before they had labor.

Dr. L. Pratt, of Wheaton:—Mr. President: I think Dr. Hawkes' remarks are practical and fully within the scope of homœopathic law. I do not see the propriety of men of common sense administering a drug whose action upon the system is powerful and poisonous upon the supposition that certain morbid diseases may result. I think it is a perfectly ridiculous idea. I have practiced about forty-five years and have had some obstetrical cases, and I never resorted to any such means, giving drugs or anything of that kind, and I have the reputation among my patients of being about as lucky as any one. I tell you this idea of wanting to do something to guard against something that may not happen

does not meet with my approval, and I hope our practitioners will have more common sense.

Dr. C. N. Hazelton, of Morrison:—The idea of Dr. Hale's paper, I think he made a distinction between primiparæ and multiparæ, and especially recommended it in multiparæ, giving his reason. I believe sometimes that material doses of Ergot have helped me out. I might have got out with high dilutions, occasional doses; I might, but I was afraid I wouldn't. As I said before, if we do this and if we think it is the best way (we do think so if we do it) we had better get up and confess it; if it is the wrong way, we should learn the better. There is certainly a difference of opinion, whether to give homœopathic remedies in attenuated doses strictly or occasionally in material doses.

The chair appointed as Chairman for the Bureau of Materia Medica for the next year, Dr. F. W. Gordon, of Sterling, Illinois.

BUREAU OF CLINICAL MEDICINE.

Dr. C. A. Williams, of Chicago, read a paper entitled "Uruthocele as a Cause of Albuminuria and Nephritis."

Dr. Charles Gatchell, of Chicago, read a paper entitled "Intestinal Inertia."

Dr. J. B. Dickinson, of Galva, Illinois, read a paper entitled "A Case of Abscess of the Chest."

Dr. J. B. Dunham, of Winona, Illinois, read a paper entitled "Death-bed Scenes."

Dr. C. W. Harback, of Lockport, Illinois, read a paper entitled "Topical Applications in the Treatment of Typhoid Fever."

Dr. T. S. Hoyne, of Chicago, read a paper on the "Treatment of Syphilis in Infants."

Dr. J. S. Mitchell, of Chicago, read a paper entitled "Pneumonia," after which he said:—

Dr. Mitchell: This is one of the first cases that I had with cardiac trouble. The second was the case of my own father, who, after double pneumonia, developed mitral regurgitant lesion, which occurred at the age of 74. He died at the age of 80, of cardiac trouble, the result undoubtedly of impairment of the heart at this time. The fourth case is the one which I mentioned, in which instance, following cardiac lesion, was the mitral regurgitation. Outside of this, which is comparatively rare, the prognosis in pneumonia is almost uniformly favorable. Regarding the treatment, I have nothing new to remark. My experience, both in the past epidemic and through all the years of my practice, has been so almost uniformly favorable with the usual homœopathic remedies that I have seen

no occasion to seek for anything further. I use as an adjuvant a poultice of flaxseed, or, where it can readily be procured, which is still better, I use the spongio-pilene, which holds moisture much better than a flaxseed poultice.

Dr. H. M. Bascom moved that the further papers and the discussion of the same go over until the afternoon. Motion being seconded, was carried.

BOARD OF CENSORS.

The Board of Censors reported the following applicants for membership: Dr. J. D. Craig, Dr. Wells LeFevre, of Chicago; Dr. C. S. Owen, of Wheaton, Illinois. On motion, the above-named applicants were elected members of the Association.

At 11:30 the President delivered his address, entitled, "Suggestions Regarding the Shortcomings and Misconceptions in Medical Education."

It was moved that Prof. Buck, of Cincinnati, be granted the privileges of a member of this Association. Motion being seconded, was carried. Adjourned to 2 o'clock P. M.

2 O'CLOCK P. M.

The chairman announced at the opening of the afternoon session that the papers already read are now before the Association for discussion.

Dr. Craig, of Chicago: I wish to say a few words in regard to the application of water in typhoid fever. There are two principles on which water will act, and it don't make any difference whether it is applied one way or the other, in a poultice, or how it is used; it is moisture in the poultice, and it will have a very beneficial effect. One of the objects that we have is to equalize the circulation. That, of course, must be done by frequent application. If a part is cold, then a hot application should be used, and if hot, a cold. Sometimes, in cases of inflammation, the inflammation can be reduced much more quickly by hot and cold applications alternately. There is one thing about using water, it does not interfere with remedies at all, so we can use it at any time.

Dr. H. M. Bascom, of Ottawa, read a paper entitled "Sequelæ of Spinal Meningitis."

Dr. Clifford Mitchell, of Chicago, read a paper entitled "The Relation of Urinary Analysis to Diagnosis."

The President announced that the discussion of papers read would now be taken up.

Dr. H. B. Fellows of Chicago: Mr. President: In regard to Dr. Dunham's paper, I would like

to say a word. The first thing that struck me in that paper was the way the disease came on, that is, it came on gradually. Now, in all of the diseases that begin abruptly in the brain you will find a disturbance of the circulation. Those that commence with some other degeneration, will come on more slowly. If this was embolism, it would have had an abrupt beginning, but beginning very slowly and increasing gradually, coming on regularly from stage to stage, would seem to throw it off this catalogue. But if it commences by some degenerative process, or some foreign growth, its beginning might be slow. If a tumor forms in the brain and does not disturb the circulation in the earlier stages, the symptoms are sometimes very slow in approaching. In this case we found the symptoms being nausea and vomiting, with headache; there was also in this stage some defective vision. This would locate the difficulty in the back part of the brain, behind the motor region, probably somewhere in the occipital region behind the quadrigeminal bodies. If this had been in the cortex, we should probably have been able to trace it to some disturbance of the circulation — thrombus, embolus, or something of that kind, but the symptoms, as far as that is concerned, do not show it.

In the case that Dr. Dunham reports, I do not know enough about the history to judge accurately of it. But it is one of those interesting cases that I am glad has been brought up here, because a thorough understanding in the beginning will keep us from making a prognosis that is too favorable. Syphilitic tumors, when taken early, can in many cases be cured with the proper use of Iodide of potassium, and other drugs. But you want to be quite liberal with the dose in order to get the effect. You must cause absorption of the tumor as rapidly as you can, or it will destroy the brain tissue.

Dr. W. A. Smith: What doses do you use?

Dr. Fellows: I commence with two or five grains, and increase it according as the stomach will bear, three times a day. I should use Iodide of potassium, or Iodide of sodium, which perhaps does not irritate the stomach as much, and you can grade it up to 30, 40 or 60 grains in doses, if necessary. Remember, you have got to destroy that tumor rapidly, or it destroys the brain tissue, so if you are not particular in this respect you may be two months in curing what might be cured in two weeks, by absorbing the tumor rapidly.

Dr. Dunham: I will say, in regard to this case, that there was no specific taint.

Dr. W. Danforth, of Milwaukee: — Mr. President: I do not remember exactly the order in which the papers were read. As they were presented, there were several points that came to me, and I thought I would like to summarize very briefly my experience in the matter. There is no doctor, I think, whom I respect and revere more than Dr. Mitchell. There was one thing that he said, however, which I want to negative by so much authority and experience as I have had, and that was the idea of jacketing and poulticing the lungs in pneumonia. I don't believe in it, and don't practice it, for the reason that it kills, in my opinion, in many cases; it never helps any case.

Very recently, in Milwaukee, there has been an epidemic of pneumonia, and there has been nearly 25 per cent of mortality among the "regular" doctors, and about 3 to 5 per cent among the homeopaths. I am stating now the facts — nearly, very nearly. I believe that the mortality among the dominant school in their practice is caused by jacketing the lungs heavily with flaxseed poultices, and using narcotics. Narcotics are prejudicial and ought not to be given. Occasionally it may be necessary to stop pain with narcotics, but it is a dangerous practice. Does a poultice always kill? No. There is many a patient who is strong enough to outlive doctor and poultice.

Pneumonia I believe to be a self-limiting disease, with a tendency to recovery. I never poultice, for the reason that it keeps in the heat. It doesn't necessarily kill, but if the chances are pretty nearly even it inclines the patient toward the grave. I jacket mine with soda water, because I believe it opens the pores of the skin and affords an escape for the heat. I assume that the lungs are hot; there is an increase of the temperature, and in order to get rid of that I give Aconite, and jacket my patient with soda water. If there is a state of collapse when I first call, as there may be sometimes from severe congestion, I put mustard leaves all over the chest and keep them on an hour or two; then I take off the mustard and put on my jacket, four or five thicknesses of muslin, that I saturate with soda water. I change the jacket two or three times in twenty-four hours; keep my patient sweating. I believe pneumonia to be a self-limited disease tending to recovery. You will lose scarcely any patients if you treat them in this way.

The criticism on Dr. Hoyne's paper is that there was so much of it I could not take it all in. He had 1,411 symptoms that I counted,

and he had 704 remedies, and every one was good and all important.

In the paper that was read by Dr. Williams, "Stricture of the Urethra as the Cause of Albuminuria and Nephritis," the point that occurred to me was, that the case had been treated by many physicians for a long time without discovering that there was any stricture of the urethra. Dr. Williams discovered the stricture, dilated it, and in so doing was instrumental in inaugurating a cure. The treatment was supplemented by remedies, and the case terminated in recovery. I believe that it teaches us a lesson not to overlook local conditions.

Fourth, "Abscess of the Chest," by Dr. Dickinson. That was a case of traumatic abscess. In injuring the lungs you may have an abscess; and if so, it should be emptied, and if you don't puncture it, it will puncture itself. There was a time when the doctors thought there was pus there, and yet they both stood by and put on a poultice and watched the case until it discharged by itself. I think that it would be better, if the pus is believed to be present, to puncture the chest. I am glad that this case resulted favorably, but many a case of malpractice grows out of the neglect of duty under the circumstances, and I think if I were in that condition myself and there was pus believed to be present in the chest, and my doctor did not puncture it, and I lost my life by it, I should want my friends to sue for damages; and so I mention it because it devolves upon the attendant the responsibility, if it is believed pus is present, to puncture, or get somebody to do it for him. That is better than to wait.

The chair appointed as Chairman of this bureau for the next year Dr. J. B. Dunham, of Winona.

BUREAU OF MEDICAL LEGISLATION, JURISPRUDENCE AND EDUCATION.

Dr. J. A. Vincent, of Springfield, read a paper on the "Status, Progress and Future Need of Medical Legislation."

On motion of Dr. Smith, of Winona, being duly seconded, the report was adopted.

The President appointed as a committee on this bureau for the coming year; Chairman, Dr. J. A. Vincent, of Springfield; Dr. N. B. Campbell, of Joliet; Dr. R. N. Foster, of Chicago; Dr. Charles Gatchell, of Chicago; Dr. G. R. Woosley, of Normal; Dr. W. P. McAfee, of Rockford; Dr.

A. A. Whipple, of Quincy; and D. P. Marsh, of Bloomington.

BUREAU OF NEUROLOGY, PSYCHOLOGY AND ELECTROLOGY.

Dr. E. C. Williams, of Chicago, read a paper entitled "Use of Galvanism in Dysmenorrhœa."

Dr. Anna L. Parker, of Chicago, read a paper entitled "Neurasthenia."

Dr. H. B. Fellows presented a patient suffering from that somewhat rare disease called Myxœdema.

There is no case reported cured. It is a case I am very much interested in, not only on account of its being peculiar, but as showing that it may affect children as well as adults. This is the only case of the kind, I think, on record.

Dr. Cheeseman, of Joliet, read a paper on "Infantile Paralysis."

Dr. Julia Holmes Smith, of Chicago: I listened very attentively to the paper of Dr. Parker, and was very much interested in it because it suggested a line of thought which I had taken up myself. The point of my remarks will be against the fashion of prescribing rest for every thing. I am glad to hear Dr. Parker prescribe change of environment and work. In this civilization of ours, the civilization that gives girls so little to do and men so much, we have really to expect neurasthenic women, and they are the people who make the largest doctor bills, and so I shall have to ask the doctors to practice a great deal of self-denial if they carry out the suggestion that I take the liberty of making this afternoon, from a woman's standpoint.

It seems to me that we have gone in the line of operation and rest and massage and electricity just about far enough. It is quite time now to stop putting women, who have nothing the world the matter with them, to bed for days and weeks and wait for the doctor to come every day, at whatever price he chooses to charge, and at the end of several months, saying, "Now, I have done all I possibly can;" and at the end of another month, "There is only one thing more needed for complete recovery, and that is to take the Servia or Etruria, and go to Europe and spend the summer."

Oh, it is a beautiful prescription, but I think we ought to begin right here to preach the doctrine of work, and work that will pay. Not a little fashionable practice on the piano, or taking Delsarte lessons and singing lessons. Not that kind of work, but work which will pay for the girl herself; encourage the girl that she may do something for herself; if she has a genius

for housekeeping let her throw her energies in that direction, something for which she will get money for her services; if she has a genius for book-keeping, train her in that direction. If by chance she is fool enough to go into the medical profession, train her for that, but let her have work at all hazards. She comes to us and says, "Oh, I don't feel well this morning; I am so dreadfully tired. It doesn't seem as though I could carry my clothes." Nine times out of ten she is lazy. Now have the courage to follow your convictions and say right up and down to her, "My dear young woman, there is nothing in the world the matter with you; go right to work and do something for somebody besides yourself and you will be a great deal stronger and happier. (Applause).

BOARD OF CENSORS' REPORT.

The Board of Censors reported the following applications for membership: Dr. S. L. Smith; Dr. Charles D. Rich; Dr. T. E. Roberts; Dr. W. S. White; Dr. W. G. Willard; Dr. W. P. Packard.

It was moved that the applications be received, and the applicants made members of the society.

Dr. R. N. Foster, of Chicago:—Mr. President: I would like to add something to the suggestions that have already been made; the excellent ones made by Dr. Parker in her able paper, and those made again by Dr. Smith. I would like to add one or two more suggestions as to the possibility of doing something for the unfortunate victims of neurasthenia. Neurasthenia is sometimes the result of faulty education, sometimes the result of faulty surroundings, sometimes the result of faulty habits, and sometimes the result of downright, honest overwork—honest, but mistaken overwork.

I think in cases of pseudo-neurasthenia, rather than the genuine article, that Dr. Smith's prescription covers the ground pretty well. It is true that worry is one of the most fruitful sources of that disease, and I think that monotony of life and pursuit is perhaps the next.

We all see a good deal of the disease manifested among men who lead active and exciting lives as business men, men whose fortunes depend every day upon the whims of the market, upon whose hands hang great responsibilities all the time, and who live continually a life with this strain put upon it, never have a moment's relief except during the time they sleep, and even that time interfered with by the presence of the burden.

Again, I think that not only monotony, worry in these cases, but a simple monotony of domestic life with women, burdened down, kept in a state something like perpetual bondage with small, petty, although very important, very annoying, very worrying and very trying details—care of children and family, and church sociables, and society and charity organizations, and so on—monotonous things which they are expected to carry along all through their lives—I believe a great many of them will become neurasthenics by that, more by the simple monotony of life than anything else. Now, I want to add, I say, a little possible cure for some of these cases. It is the rule now to send some of the victims across the water to Europe; if we can't send them to Europe we advise them to go fishing, or we send them to the Rocky Mountains. Now, that is a good thing, for the simple reason that we have relieved a great many that way. We have taken away the cause of this perpetual exhaustion. But I think there is a more serious cure than that, and a more lasting one involved, and to illustrate my meaning, I will report a case. A very intelligent gentleman was announced to give a paper at a private residence in Chicago not long ago, where a number of persons were invited to meet at the house of a lady of considerable literary ability, to hear a paper from a gentleman on a subject involving rather a high literary criticism. The company assembled and the literary paper was read. It was a paper of extreme merit. In conversation with the author afterwards (the paper, I might say, was on Browning—we have all heard of Browning) in conversation with the gentleman we found that he had been a man of business; that from the time he was thirty-six years of age his time was spent between his bedroom and his office, and that he conducted a very large business in Chicago—successful business, and by the time he had reached thirty-six he had gained the whole world and had lost his own health entirely. He was complete master, financially, of the situation, but was left without any capacity to enjoy, or even push his business negotiations any further. Now, this man took a very new and a very unusual course. He went and entered himself as a student at Harvard University. He spent four or five years there, applied himself deliberately to the study of the higher studies, such as are taught at the universities. He entered the law school and graduated from the law school. He then went to Concord School of Philosophy and he spent some time there and he subsequently emerged as

one of the most brilliant literary men of our country; a man of rare capacity, a man of genius. I said to him, "Now you can go back to business again." "Not only can I go back to business again, but I can transact business as I never could before, and engage in all matters as I never could before, for I never could place a meaning upon business as business, and my whole life and my whole knowledge was developed, and I am healthy in consequence of this course of study." And I would suggest further that there is probably a good deal of neurasthenia on the Board of Trade in this city, and among men of that character of life, and I have no doubt that a course of Harvard would do any of them good. A great many men have reached that period of life in Chicago—Board of Trade men, worthy men, wealthy men, men connected with the largest business interests, have commenced without more than a mere common school education, have reached that period where they begin to feel that they know it all, but they haven't got it all, and so they proceed to try to get more and to know less continually. The result is, invariably, in cases of those men, a moral and intellectual deterioration which no man can escape who applies himself simply to the pursuits of business, money-getting, and so on. It is utterly impossible to avoid it. It is impossible to avoid the deterioration that comes of that. The consequence is the physically nervous man breaks down, and with apparently all the success in the world within his grasp, he goes to pieces a total wreck, affected with neurasthenia. And so you tell a man to go fishing and it strikes him that a few days' fishing is nothing at all compared with the magnitude of his business affairs; but if you tell such a man to go to Harvard until he is cultivated, it will open to his view a new sphere of life. Say to him "You have rather overdone the one part, now you can take a four or five years' vacation and go and cultivate the other with equal care and persistency." He may do it with equal success, and I can tell you a great many of them would return like this gentleman I have spoken of; would return men of greatly increased capacity, greatly increased social value, greatly increased intellectual power, and, in fact, increased in value in every way, and with restored health, because I think the exercise of all the faculties is the most important element in the maintenance of both physical and intellectual health, the cultivation of business and the cultivation of the higher affairs equably. I believe by this simple evolution of

the higher intellectual faculties, more and better results can be obtained, results that cannot be obtained and maintained except by bringing out of these deeper and higher latent powers of the spirit.

Dr. Delamater: The question is asked of this bureau in regard to the use of the galvanic current, galvanism for the cure of urethral stricture. The error is in using a strong current when that produces actual cauterization.

Dr. Danforth: Returning to the question of electrolysis, I would like to add one thing. Dr. Delamater did not tell us which current to use to the stricture. The negative to the stricture always. The negative, because it dilates; the positive contracts. It will always cure. Continue the current about five minutes. One or two times is sufficient.

The President: I hold in my hand a greeting from the Minnesota State Medical Society, which says they "send us greeting and bid us God-speed in our work." A motion will be in order to authorize the Secretary or the Committee on Resolutions to respond in a suitable manner.

Dr. Mitchell: I move that the Secretary respond in some fitting terms.

Motion being duly seconded, was carried.

BUREAU OF SURGERY.

Dr. Curtis M. Beebe, of Chicago:—Mr. President: I move that the by-laws be suspended in the bureau of surgery, and that the discussion take place after each paper is read.

Motion being duly seconded, was carried.

Dr. Geo. A. Hall, of Chicago, read a paper entitled, "The Importance of an Accurate Diagnosis and Careful Observation of Pathological Changes in Various Forms of Disease, Viewed from a Surgical Stand-point."

The President: Discussions upon Dr. Hall's paper are in order.

Dr. G. F. Shears, of Chicago: I want to emphasize a point which Dr. Hall has made in his paper in regard to the detriment that may arise from escharotics in the treatment of malignant growths. I believe, from my observation, that many times, by means of escharotics, the character of these ailments has been changed, and they have become malignant.

I saw, some time ago, a tumor in a small child, on the lip, which appeared to be a simple lupus, and so far as any one could tell from observation or from history, the child was born with this little tumor upon its lip. It was nothing but a lupus. I advised the parents that it be removed, and it could have

been done without any deformity of the lip. They, however, were induced by some of their neighbors to have a plaster applied, some escharotic plaster placed on the tumor; and it began to eat its way, and the tumor began to enlarge, and instead of the treatment decreasing the size of the tumor and removing it, by the time it had removed a certain portion, it became much more enlarged and extended. After it had invaded fully one-half of the lip, the patient was brought to me and an operation was made of removing that portion of the lip by a "B" incision, and the part healed readily, and so far (two years having now elapsed) there has been no return of the trouble. I believe, if that plaster had been applied and continued, the whole lip would have been destroyed and it would have become very malignant.

Some five years ago there came to me two cases of epithelioma of the lip. In both of these cases I advised removal, and in only one of them did I have the opportunity of doing so. I did not promise that the tumor would not return, inasmuch as it had invaded the glands. I believe I was correct, for I have since operated upon the case twice. The last operation was a short time ago, removing a small nodule. The patient's health was good and the deformity was very slight. In the other case the patient was sent to a hospital in the vicinity, and had a plaster applied which removed the growth from the lip, but by the time the growth was removed the submaxillary gland had increased to a large size. The plaster was applied to this, but it was not effective. The patient died before the entire trouble was removed. I see no reason why the second case should not have progressed as favorably as the first one. By careful attention and removal as fast as the nodule appeared, the patient's life might have been extended for five, six, or possibly ten years. I saw this man upon whom I operated, a short time ago, and he says he has sufficient lip any way, and that if it is removed each time the growth appears, he will be able to live until natural causes carry him off.

Dr. C. A. Williams, of Chicago:—Mr. President: I can give you one instance in the use of escharotics and the knife in the same patient. About one year ago I was in the office of another physician. The case was that of a woman aged 60. There was a small indurated mass in the corner of the lip; it was discharging a very fetid fluid; the submaxillary gland was engaged and he had been applying plaster to it. Instead of becoming any better, it gradually grew worse and

was spreading. There was a similar nodule on the nose, on the corner of the nose, and he wanted to know what to do about it. I told him at that time that I thought it was best that it be removed by the knife. He said he had never used a knife in that locality, and didn't like to do it. I told him I would remove it, and he gained the lady's consent to have the nodule in the lip removed, but he thought he could cure the one on the nostril by the use of the plaster. So I removed the nodule on the lip by a "B" shaped incision, and dressed the wound, and it has healed very nicely. I saw the patient some few months ago and there was a nice clean scar on the lip, but the one on the nose had gradually increased until it has involved fully one-third of the nostril, and has extended to the cheek, but she refuses to have any operation performed, and remains in that way at the present time.

Dr. Colwell: I should like to ask a question of Dr. Hall, and that is, whether he puts all escharotics in that category as being injurious, Arsenicum as well? I have seen and read works that have reported very favorably upon it.

Dr. Geo. A. Hall: I would place all escharotics in the same list. I do not say that they have not been employed in some cases to the apparent benefit of a certain morbid growth, as well as to an ulcerated surface followed by natural granulation and recovery. But I claim this, that in such cases cure would have been more prompt and great suffering would have been saved, and economy in the way of tissue would have been promoted, by using the knife. Again, in all such forms where we apply an escharotic, we have no opportunity of closing up the wound until it is healed; then a second operation has become necessary. But in operating with a knife where such growths are removed, it is, in plastic surgery, within the plane of the surgeon to remove such deformity and make such treatment as will make a respectable nose out of a part of a cheek, or he can borrow a portion of the lip of some neighbor, and make a very decent nose out of it, but you can't do that with escharotics.

The President announced the following

CHAIRMEN OF BUREAUS.

Materia Medica—Dr. F. W. Gordon, of Sterling.

Medical Legislation—Dr. J. A. Vincent, of Springfield.

Obstetrics—Dr. A. A. Whipple, of Quincy.

Ophthalmology—Dr. C. H. Vilas, of Chicago.

Pathology and Histology—Dr. F. O. Pease, of Morgan Park.

Diseases of Women—Dr. S. P. Hedges, of Chicago.

Neurology—Dr. H. B. Fellows, of Chicago.

Surgery—Dr. W. F. Knoll, of Chicago.

Diseases of Children—Dr. M. J. Hill, of Sterling.

Sanitary Science—Dr. C. W. Harback, of Lockport.

Pharmacy—Dr. J. E. Gross, of Chicago.

Medical Literature—Dr. H. P. Holmes, of Sycamore.

Necrology—Dr. T. S. Hoyne, of Chicago.

The election resulted in the choice of the following

OFFICERS:

President: Ch. Gatchell, M.D., of Chicago.

1st Vice-President: F. W. Gordon, M.D., of Sterling; 2nd Vice-President, W. A. Smith, M.D., of Winona; 3rd Vice-President, H. E. Stansbury, M.D., of Chicago.

Secretary: A. B. Spach, M.D., of Englewood.

Treasurer: A. A. Whipple, M.D., of Quincy.

Chairman Board of Censors: L. Pratt, M.D., of Wheaton.

Rockford, Quincy and Sterling came up as contestants for the next place of meeting. The balloting resulted in the choice of the latter place. The convention then adjourned, to meet again in May, 1889.

Sterling, Ill.

Sterling, Illinois, the place which has been chosen for the next meeting of the Illinois State Homœopathic Medical Association, is in Whiteside County, 110 miles due west of Chicago, and twenty-five miles from the Mississippi river. It is reached by both the C. & N.-W. Ry. and the C., B. & Q. It is finely situated on the Rock River, and with Rock Falls, on the opposite bank, forms a beautiful city of ten thousand inhabitants. It is well provided with all the conveniences of modern city life, contains many handsome buildings, elegant residences, and its people enjoy a well-deserved reputation for intelligence and culture, and a generous hospitality.

Among its hotels, the Galt House is the chief, and has a capacity for one hundred and fifty guests. The Academy of Music is one of the finest provincial halls in the state. Sterling is the home of Dr. F. W. Gordon, vice-president of the Association, as well as of Dr. M. J. Hill, and several other well-known physicians of our school.

Sterling is supplied with some of the best newspapers in the state. The *Sterling Gazette* publishes a daily and a weekly edition. There are also the *Sterling Standard*, the *Rock River Express*, and, across the river, the *Rock Falls News*.

The members of the Association may be assured that they have made a fortunate choice in selecting Sterling as the place of their next annual meeting.

WESTERN ACADEMY OF HOMŒOPATHY.

FOURTEENTH ANNUAL CONVENTION,

Held at the Grand Pacific Hotel, Chicago, May 29, 30 and 31, 1888.

The president, J. M. Crawford, M.D., of Cincinnati, called the meeting to order at 2 P. M., May 29. The Academy adjourned at 5 P. M., May 31.

The three days' session was marked less by great achievements, than by an evident determination on the part of those present to put the Academy in such a position that it shall accomplish far more in the future.

The papers were not numerous, but, considering the amount of material presented, the discussions were well sustained, and the final verdict was, that the convention had been both enjoyable and profitable.

Papers were read by the following members: P. S. Hoyne, M.D., of Chicago; H. P. Phillips, M.D., of St. Louis; D. W. Williams, M.D., of Omaha; J. D. Buck, M.D., of Cincinnati; E. F. Storke, M.D., of Milwaukee; T. C. Duncan, M.D., Geo. A. Hall, M.D., and Chas. Gatchell, M.D., of Chicago.

Wednesday afternoon was devoted to a carriage ride through Chicago's parks and boulevards, an entertainment which was arranged by Dr. Geo. A. Hall.

On Wednesday evening, an audience which filled the room listened to the president's address. Dr. Crawford took for his subject "The Preliminary Education of Medical Students," and presented it in a manner which was both novel, interesting and instructive, and elicited much applause.

The important business of the session consisted in abolishing the annual dues of \$3, and in the adoption of the following resolutions, which had been prepared by a committee appointed for the purpose, consisting of the president, Drs. Vilas, Caine, Storke, and Gatchell.

RESOLUTIONS.

1. That, as suggested in the president's address, one person be appointed by the president, in each place suggested by any member of the Academy, containing a homœopathic physician, whose duty it shall be to procure new members, and otherwise to advance the interests of the Academy.

2. That the chairman of each bureau select from among the members of such bureau at least one person who shall prepare a practical essay on some assigned subject, which subject

shall be discussed by members of the bureau, previously designated; after which the discussion shall become general.

3. That the time and place of meeting of the Academy shall be the last Wednesday in August of each year.

4. That the local physicians in the city where the meeting is held shall not be expected to go to expense in providing any excursions, banquets, or other entertainment.

The president appointed the following as chairmen of bureaus:

Legislation and Statistics, H. B. Skiles, M.D., of Chicago.

Pharmacy, A. H. Schott, M.D., of Troy, Ill.

Sanitary Science, E. F. Storke, M.D., of Milwaukee.

Nervous and Mental Diseases, Chas. Gatchell, M.D., of Chicago.

Ophthalmology and Otology, J. L. Beaumont, M.D., of Minneapolis.

Surgery, G. F. Shears, M.D., of Chicago.

Pathology, E. C. Cole, of Chicago.

Pædology, A. P. Bowman, M.D., of Des Moines, Iowa.

Gynecology, H. C. Baker, M.D., of Kansas City, Mo.

Obstetrics, G. H. Parsell, M.D., of Omaha.

Materia Medica, W. H. Pettit, M.D., of Cedar Falls, Iowa.

Clinical Medicine, J. D. Buck, M.D., of Cincinnati.

The election resulted in the choice of the following

OFFICERS:

President, T. S. Hoyne, M.D., of Chicago.

Vice-President, W. A. Paul, M.D., of Rock Island.

Secretary, C. J. Burger, M.D., of Booneville, Mo.

Treasurer, G. W. Foote, M.D., of Galesburg, Ill.

Rock Island, Ill., was chosen as the next place of meeting.

A circular-letter from the Secretary of the American Institute, together with other matter that has been crowded out of its reading pages by our extended society reports, will be found on business page XV.

OBITUARY.

We regret the necessity of having to announce to death of Mrs. Frances A. Dowling, wife of Dr. J. W. Dowling, of New York. After a lingering illness, Mrs. Dowling died May 10th, in her 47th year. We extend to Dr. Dowling the assurance of our most sincere condolence.

Home and School for Backward and Weak-Minded Girls.

The profession of Chicago will be glad to know that an institution of this character has been opened. Rev. A. K. Parker, D.D., 635 Adams street, and A. W. Woodward, M.D., 130 South Ashland avenue, have permitted their names to be used as references. Physicians knowing of children who would be benefited by systematic training may safely refer the parents to this school. Address 155 Irving avenue.

ALDEN'S MANIFOLD CYCLOPEDIA. The second volume of this work, now on our table, even better than the first, fulfills the promises of the publisher's prospectus. It is a really handsome volume of 640 pages, half morocco binding, large type, profusely illustrated, and yet sold for the price of 65 cents; cloth binding only 50 cents — postage 11 cents extra. Large discounts even from these prices are allowed to early subscribers. It is to be issued in about thirty volumes. The publisher sends specimen pages free to any applicant. JOHN B. ALDEN, Publisher, 393 Pearl St., New York, or Lakeside Building, Chicago.

The Phosphates of Iron, Soda, Lime and Potash, dissolved in an excess of Phosphoric Acid, is a valuable combination to prescribe in nervous exhaustion, general debility, etc. Robinson's Phosphoric Elixir is an elegant solution of these chemicals. (See page X.)

The good results of the use of Lactated Food as a substitute for mother's milk, may be seen in the picture of little Amy Cox, which speaks for itself. Any physician will receive this handsome picture who will send his address to Wells, Richardson & Co., Burlington, Vt.

THE NORTH AMERICAN JOURNAL OF HOMOEOPATHY will be sent on trial for three months *gratis*, to any one sending their address to 152 West 34th Street, New York, and mentioning **THE MEDICAL ERA**.

New Line to Cheyenne.

The new extension of the Burlington Route to Cheyenne, Wyoming Territory, having been completed, the C., B. & Q. R. R. is now running a through sleeping car from Chicago to Cheyenne, via Omaha, leaving Chicago daily at noon on the "Burlington Number One" fast train. For tickets apply to any coupon ticket agent of its own or connecting lines, or address Paul Morton, Gen'l Pass. and Ticket Agent, C., B. & Q. R. R., Chicago.

THEY SAY

THAT the meeting was well attended.

THAT the president presided with dignity.

THAT the surgical bureau wants more time.

THAT the hall was well suited to the purpose.

THAT the baby-clothes excited much interest.

THAT the adjournment was rather precipitate.

THAT the powder folding machine was very "cute."

THAT the hall would have looked bare without the ladies.

THAT some of the discussions were lively — and some were not.

THAT a fish in the milk is strong circumstantial evidence.

THAT life is not a mouthful, that a man should gulp it down whole.

THAT you can trust the cat when the buttermilk is on the top shelf.

THAT iodoform is the best thing to stop serous oozing from wounds.

THAT the average opium eater does not live to be more than forty-five.

THAT you should never try to carry two watermelons under one arm.

THAT lacerations of the cervix are most often the result of tedious labors.

THAT God never had a house of prayer, but Satan had a chapel there.

THAT acute lobar pneumonia leaves the lung uninjured after recovery.

THAT the perspiration is more concentrated on the right side of the body.

THAT you must not pull on the cord until the placenta is felt in the vagina.

THAT syphilis is a much more serious disease in early life than it is in the aged.

THAT of all the lower animals the leech shows the greatest attachment for man.

THAT primary acute pleurisy is not fatal unless it is accompanied by pericarditis.

THAT people who get into the social swim are often drowned before they get out.

THAT about fifteen thousand doctors wrote books and articles on medical subjects last year.

THAT a doctor in a Pennsylvania town reports an unusual "prevalence of typhoid fever."

THAT skin diseases frequently penetrate deeper than the skin, and their study is deeper still.

THAT premature baldness is not always hereditary, but frequently due to neglected dandruff.

THAT a red-headed boy explained by saying that when he had the scarlet fever the disease settled in his hair.

THAT the animal parasitic diseases cannot always be diagnosticated by observing the presence of the parasite.

THAT the reason some men can't make both ends meet is because they are engaged in making one end drink.

THAT fatal bronchitis in persons between 10 and 60 years of age is either capillary or secondary to tubercle.

THAT the skin presents sixteen square feet of exposed surface, and is liable to constant irritation from without.

THAT electricity is very good for illuminating purposes, but for killing people it can't hold a candle to a coal-oil can.

THAT there is little use trying to cure a morphine *habitué* unless the patient himself earnestly desires to be cured.

THAT a Georgia farmer made \$100 from an acre of watermelons, and the nearest doctor made \$200 from the same acre.

THAT non-volatile substances dissolved or suspended in water are not absorbed by the skin to any appreciable extent.

THAT a fish should never be permitted to lie when it can be hung conveniently. The same may be said of the fisherman.

THAT the majority of cases of eczema display no vesicles; when present, the vesicles are generally small and quickly broken.

THAT during chloroform anesthesia the amount of oxygen in the blood diminishes, while the amount of carbonic acid increases.

THAT gelsemium may be characterized by calling it the remedy of the four L's — lightheadedness, languor, lassitude and listlessness.

THAT the morphine habit, in the majority of cases, is the result of its having been administered medicinally during some illness.

THAT the obstetrician who does not inspect the perineum after labor has no lacerations, but he is the hand-maid to the gynecologist.

THAT convulsions occurring first after the thirteenth year, and usually epileptiform in character, point to a possible cerebral tumor.

THAT the easiest way to detect the morphine habit is to give a hypodermic injection of morphine to the suspected victim, and watch the effect.

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EDITORS :

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ALCOHOL.

The spirit of evil!

It has justly been called the "Great Degenerator." In its presence connective tissue contracts, and organs shrink. The stomach, the kidneys, the liver, and even the brain, all succumb to its destructive influence. The liver resents its presence by taking on a density almost cartilaginous. The kidneys partly suspend their functions. The lungs, when inflamed, invite a grave prognosis.

All this it does, and more. Its sphere of action is limited, its redeeming qualities are few. In cases of collapse, and when the vital powers are low, as a temporary stimulant there is nothing that will supplant it. But in the treatment of chronic disease it has no place, and in health its effects are more than deleterious—they are often ruinous. Not only orthographically, but literally, an *intoxicated* man is a *poisoned* man.

It is almost a work of supererogation to dilate upon the evils wrought by this crownless king. They are well known to every school-boy. The subject is old, trite and familiar; one concerning which every man may be a teacher, and hence find none to teach. But reference to it calls for no apology, and will not until man's emancipation is complete, and children are insured against an undeserved inheritance.

Our object now is to remind physicians of the relation which they bear to the matter, and of the duty of the hour. In many instances the direct responsibility for the formation of the vicious habit rests upon the medical man. But in the reformation which is in progress, and which had its birth nearly a century ago, he can do more than avoid the errors of the past—he can take new ground for the future. It devolves upon him to make known to the people the true nature of this subtle poison; to teach them, from the point of view of physiology, that the virtues that alcohol has been supposed to possess, are all vices; that it does not strengthen, but enfeebles; that it does not aid digestion, but retards it; it does not add warmth, but extracts heat; it does not build up, but tears down; it does not fatten, but bloats; it does not generate, but degenerates.

With these sins, and with many others, is it justly charged.

It is peculiarly the province of the physician to make this known. The physical well-being of the race is in his keeping. Let him do his duty!

But in so doing, let him not forget that reforms are not accomplished in a day; that education must precede legislation; that man's appetite cannot be controlled by statute. Let him not shirk his task, which must be one of years, by hoping to shift it upon the shoulders of the executive, expecting it to be accomplished in a week. Let him help to mold public sentiment—a force more potent than martial law. The one is for a day; the other is for all time.

Be not misled by blind enthusiasts.

YELLOW-FEVER.

Another microbe has gone.

For several years the profession has been made acquainted with the claims of a certain Dr. DOMINGOS FREIRE, of Rio Janiero, who announced that he had discovered the specific microbe of yellow-fever. He claimed, moreover, that by a system which he had devised, those who were subjected to inoculation with the germ were rendered innocuous to the disease.

The Government of the United States made an appropriation for the purpose of having the matter investigated. Dr. GEO. M. STERNBERG — whose eminent fitness for the task all will recognize — was appointed for the mission. The results are decidedly negative.

Dr. FREIRE said there was a microbe.

Dr. STERNBERG failed to find it.

Dr. FREIRE said that of 6,524 persons whom he had inoculated, only eight contracted the disease.

Dr. STERNBERG found that out of a certain forty-four people who had been inoculated, twenty-two took the disease, and nine died.

Thus is another microbe disposed of.

The over-zealous friends of the doctrine of the germ-origin of specific diseases are apt to do the cause more harm than good in the estimation of the profession at large.

There are several facts that have been absolutely demonstrated: There is a specific bacillus of tuberculosis, and a specific bacillus of anthrax, and these bacilli bear causative relations to the diseases named. There is also a bacillus which bears a constant relation — whether causative or not is not known — to Asiatic cholera. This much has been demonstrated and is capable of demonstration over and over again. Even the conservative SEMMOLA freely admits it. But beyond this there is as yet no positive knowledge.

But this is enough to justify the claim that *there are diseases which are caused by the introduction of germs into the system.*

Those who accuse the friends of this doctrine of more than this, are simply indulging in that pastime which is called setting up a man of straw in order to knock it down.

WOMAN'S DRESS.

If men should dress as women do, the extinction of the race would soon begin. Without adequate protection for the lower limbs, and with their feet encased in kid, they would, in harsh weather, become the victims of rheumatism, pneumonia, and other diseases resulting from exposure to wet and cold. With stays tightly fastened about the waist, constricting all the abdominal organs and impeding the motion of the lower ribs, they would suffer far more from disease of the imprisoned parts. With bungling skirts hanging about their legs, they would be unable to perform three-quarters of the work which now is theirs.

That all these dire disasters are not now visited upon woman, is due to the fact that her mode of life calls for less exposure, and her occupations for less activity. Were the conditions of the sexes reversed, the fashion of clothing might be exchanged.

If woman would compete with man in the fields which have long been his — a movement which, to a great extent, will some day be accomplished — she must first reform her dress. She must so clothe herself that she may withstand the vicissitudes of weather, and enjoy a freedom of motion now denied.

But this should be done without a sacrifice of either grace or beauty. And it may be accomplished by adopting the Turkish costume, which permits freedom of motion for body and limbs, and at the same time presents an apparel which for grace of design has never been equaled. It affords an opportunity for the display of colors, and for adornment with laces or jewels, to excite the admiration of man and the envy of woman. It answers every demand, whether of utility or of beauty.

But woman's first emancipation must be from the thralldom of unsuitable dress.

ORIGINAL ARTICLES.

RADICAL CURE OF MALIGNANT LYMPHOMA BY STATIC ELECTRICITY.

By W. D. McAFFEE, M.D.

ROCKFORD, ILL.

[Read before the Illinois State Homœopathic Medical Association.]

IMBUED with no desire for self-aggrandizement, but with a sense of obligation to my associates, I will relate my experience with static electricity. Let me say right here that the machine I am using was invented and made by P. Atkinson, of Chicago, and is first-class in every particular, generating a strong, even current, and if kept clean is but little affected by atmospheric changes. During the one and a half years I have used it I have had hundreds of cases and given several thousand treatments, and in some cases the success has been extraordinary; more has been accomplished with this machine in my hands than I ever obtained with the old style of battery during a practice of a quarter of a century.

If I may be permitted, I would like to preface the consideration of the subject of my paper with a brief mention and results of treatment of some disabilities that daily present themselves. In a few cases the indicated homœopathic remedy was given. In the majority of them I gave no medical treatment.

In amenorrhœa, notably among the younger class, scores of patients have been restored and regularity established. In rheumatism and neuralgia, great relief has been obtained, and some cures have resulted. When, from poor circulation, the feet are habitually cold, sparking them a few times will permanently warm them. In a number of cases it has proved a valuable hypnotic. It has completely cured several cases of chorea. Has been beneficial in eczema. It has relieved the soreness in corns and bunions. It has aborted felons. It has removed the stinging pain that is so intolerable in the nerve of the toes from wearing narrow shoes. It has been beneficial in spinal irritation, paraplegia, muscular atrophy, enlargement of the joints, hyperæmia of the liver, constipation and hystericalgia.

About the first of last October, David C., a man of strong habit, about fifty years of age, by occupation a machinist, came to me for treatment for malignant lymphoma of the right cervical region. The extent of the growths would fill the triangular space made by the anterior

portion of the trapezius and sterno-cleido-mastoid muscles. One of the tumors extended over the clavicle about the middle third; another at the junction of the clavicle with the sternum. This triangle was a nodulated mass of tumors of varying sizes, some being very large. They were evidently of both the hard and soft varieties, as observed by Virchow and Langhans. Two were soft; the others were hard. These growths were quite noticeable about the first of May. Their development was rapid, so that in six months they occupied the whole of the region specified. So intractable and unyielding were they that to turn the head to the right was an impossibility. This was a great inconvenience in obtaining rest.

This man came to me in a very despondent mood, as well he might, for he had read something of the nature of his case. He was reduced by worry and the painful fact haunting him that a fatal termination awaited him in the near future, for he had been treated by other physicians of this city in the conventional way, and no other prognosis was given than that the growths would cause his death.

I began giving him daily treatments, applying the spray direct to the tumors, bringing the pointed electrode so immediately in contact with the skin as to cause a frying sensation, nearer than the sparking distance. He had a month's daily treatment, then every alternate day for two months. Improvement was observable after ten treatments. He took no remedy but Calcareo-iodide for one month. About this time two of the tumors showed signs of suppuration, and very soon they began discharging freely. These two surfaces I was compelled to lay open freely with the knife. The wounds were kept cleansed and dressed with Calendula, and they gradually healed. At the same time all the remaining growths remained hard, but gradually lost their grip, diminished and disappeared, so that at the end of four months this abnormal regional anatomy would not be recognized. The patient gained fifteen pounds, and being of a strong, muscular build, lost but few days of labor.

It may be said this experience is limited. Very true; but I would undertake the next case with full confidence that I could master it, such is my faith in static electricity. I regret I did not take a photograph before and after treatment.

I think this is one of the most remarkable cases, as well as one of the most remarkable cures, on record, and my patient is one of the happiest beings in Rockford.

CLINICAL EYE CASES.

By C. H. VILAS, M.D.

CHICAGO.

[Read before the Illinois Homoeopathic Medical Association at Chicago, 1888.]

MR. D., aged about sixty years, came to be operated on for cataract. His left eye was the most affected in vision, and examination revealed nothing abnormal beyond the opacity of the lens.

The operation selected was a modified Von Græfe, and was done without special complication. Anæsthesia was produced locally with Cocaine. After the operation was completed (it is essential that the operation be well done), the eye-lids were closed with gentle stroking and sealed. The patient went to bed, and remained until the next afternoon, about twenty-four hours. No darkening of the room was advised, and during the afternoon the sun shone directly into the room. The corneal incision healed speedily, and in a week's time the patient went about, care being taken that no sudden or straining movements were indulged in. Vision was excellent, and so remained.

Mrs. C., aged about fifty-five years, was operated on by me for senile cataract. One eye had been lost by a cataract operation, and this was the "last chance," and consequently a matter of great importance to her. The same procedures were gone through with and a similar result obtained.

I have narrated these cases, freed of all technicalities and unnecessary details, to comment on them and the deviations from ordinary methods of treatment.

A short time ago the exposure of eyes operated on for senile cataract to ordinary daylight, to say nothing of strong sun-light, would have been regarded as fatal to the recovery of vision. Ten years ago, when I was in Vienna, we were only allowed to see cataract patients in rooms so thoroughly darkened that it was almost impossible to go about even when the eyes had become accustomed to the darkness. A shaded candle was used to inspect the eye, and the greatest care was taken that no light harmed the eye. Such treatment I had followed for years. Six years ago the same treatment obtained in Vienna. I am told it does now.

In Paris, substantially the same was carried out in Prof. Galezowski's clinic, though less stress was laid on extreme darkness. I was told the same care was used in DeWecker's and others', but I was unable to verify the report.

In London, at the Royal London Ophthalmic Hospital, Moorfields, the same general treatment was pursued, but the room was considered sufficiently dark when the wooden blinds were closed.

In all these great centers especial care was taken to bandage the eye also. In Vienna the long flannel roller was used; in Paris a similar one; in London a modified Liebreich. In the German centers the patients were kept in bed four days to a week, when they were allowed to be up and about the darkened room.

Such in general, and especially as applied to the light, was the treatment everywhere. I do not recite or dwell on the treatment otherwise, because in this paper I am only concerned in the questions of light and bandage.

A few years ago it occurred to several almost simultaneously that there was no reason why light should be harmful to an eye operated on which was otherwise healthy. An accident after a cataract operation at the Hahnemann Hospital in this city whereby the eye of a patient was exposed to direct sunlight, convinced me that extreme care was not essential to success, and after reading the experience of others as well as conversing with some of them, I decided on trying the effect of no bandage and full light in such cases as promised a successful issue.

In suitable cases, that is, those uncomplicated with other troubles, no harm to the eye has followed from a free exposure to light, and I am sure much benefit to the patient. The relief to the latter can hardly be understood by those who do not have to deal with such cases. Under the old flap operation the recumbent motionless posture was imperative for many days; four to twelve might be said to be the extremes, and the greatest of care as to any expulsive effort. Von Græfe shortened and modified this by his classical operation, but insisted on the bandaging.

If any one will carefully experiment on animal eyes set in an ophthalmic mask, he will readily see that on the proper section of the eye materially depends the probability of a speedy union. If the section be made in the plane so carefully detailed and explained by Von Græfe, the severed parts will lie in exact apposition; if in a faulty plane, only in juxtaposition, and union cannot be had primarily except pressure is applied to hold the lips of the wound together. But if the wound is in a proper plane, nothing is required after the expulsion of the cataract to close the lips of the wound, they spontaneously closing. If, then, they are allowed to so remain, union is immediate.

Examining the structure of the tarsal cartilage, it will readily be seen to be a perfect

splint for the holding of the parts already in apposition. No one could shape a piece of felt or pasteboard so accurately, for it fits all defects as well as perfections of the curvature of the individual eye. Nothing is required to effect its use as a splint, except to close the lid and relax the pressure. These points are accomplished by fastening the closed lid with a piece of soft plaster; diachylon is too coarse, preferably a piece of gold-beater's skin.

In my opinion no advance in ophthalmic surgery has so contributed to the comfort and ease of both patient and operator, as this one. That it is not applicable to diseased eyes is true, and that it will not always be available, may also be admitted. Experience and judgment cannot be laid aside or become valueless, no matter what progress is made in an art.

A STUDY OF LYCOPODIUM AND NATRUM MURIATICUM.

By W. J. HAWKES, M.D.

CHICAGO.

[Read before the Illinois State Homœopathic Medical Association.]

THESE two valuable remedies, while very dissimilar in many respects, are alike in several marked particulars. Both are regarded as practically inert as medicinal agents in the crude state and in the very low potencies, and are consequently relegated as medicines to the state of "innocuous desuetude" by all allopathic, and the vast majority of homœopathic physicians.

Each has its special field of action, in which, as a curative agent, it has no equal. While each finds frequent work in other fields than its own, in no other is its action so prompt and so often needed. Both are highly regarded by all physicians who use the 30th and higher potencies, and who know and heed the value of the teachings of Hahnemann, Hering, Lippe, Guernsey and Dunham. Both alike are left out of the memory and case of those who have little knowledge of, and confidence in, the action of dynamized drugs, for both agents are practically useless in preparations lower than the 30th. There are reliable authorities who claim that in the 6th and 12th potencies they develop active curative action. I never use lower than the 30th of these remedies, and more often the 200th or 1 m. Both are unimpeachable witnesses, proving the truth of the dynamization theory of Hahnemann.

LYCOPODIUM — Common Club Moss. The National Dispensatory, the old-school album of all drugs, has little to say of the medicinal uses

of this (in our hands) powerful curative agent. It is only to base use that this indispensable medicine is put by the arrogant medical "science" of the dominant school.

The field of its usefulness, known to us, and discovered through the instrumentality of the homœopathic law, embraces especially the digestive and urinary organs. Diseases of the heart and lungs, and those of a rheumatic nature, are often controlled in a most remarkable manner by this remedy. It is noticeable that in all instances where it is indicated, some evidences of derangement of the urinary and digestive functions will be found to exist, of the former by pains in the renal region, difficulty of urination, frequent desire to urinate, reddish, sandy sediment in the urine, etc. Of the latter by borborygmus, distension of the stomach, with sense of satiety after eating but very little, constipation, shooting pains in the abdomen, coated tongue, etc.

Many other remedies have symptoms similar to those mentioned; and are more or less useful in these troubles. Nux vomica, Arsenicum, Pulsatilla and a number of others have many of these general symptoms. But there must be one or more symptoms in each to distinguish it from all others; else were some remedies redundant, as filling the space fitted to another. There are such distinguishing symptoms. In addition to the symptoms already given for Lycopodium, there are others peculiarly characteristic of this remedy: — viz., 1st, the patient, no matter what ails him, is invariably worse from about four o'clock in the afternoon until late bedtime. He will attend to his daily duties in comparative comfort and with reasonable strength until about that hour, when almost suddenly his "strength gives out," and he becomes unaccountably worse in every way. He usually attaches no significance to the circumstance and attributes it to his becoming tired towards the close of the day. I regard this as one of the most valuable and reliable symptoms of this or any other remedy. I have learned to rely upon it implicitly. It is more often to me the "key-note" to the "Club-moss" time than any other symptom. It also frequently aids in making a diagnosis; for nine times in ten, when that four-o'clock-aggravation is voluntarily mentioned by the patient, there will be found kidney trouble also. The period of aggravation is not always limited to the hours between "four and eight o'clock p. m." of the books. In some severe cases it begins as early as three o'clock, and continues as late as midnight.

2d. The sense of satiety and fullness after eating only a mouthful, although beginning with a good appetite, is very characteristic of this as a remedy for the dyspeptic patient (or any other patient for that matter). This is the distinguishing stomach symptom of *Lycopodium*, as the sense of weight and distress an hour or two after eating is of that other great dyspeptic remedy, *Nux vomica*; or as the disgust for fat or greasy food is for *Pulsatilla*; or as the burning and thirst for, with intolerance of cold water, is for *Arsenicum*.

3d. The pain in the back which is greatly aggravated by retaining the urine after the desire to void it, has been experienced, and the marked relief from pain after urinating when this symptom is supplemented by "red sand" in the vessel, *Lycopodium* will relieve the patient.

Here again it may be advantageously compared with its great co-worker in so many fields — *Nux vomica* — which also has back-ache, kidney troubles, sand in the urine, etc. But the *Nux* sand is predominantly whitish in color, the back-ache is not markedly aggravated nor relieved by retention or passing of urine respectively, and has its period of aggravation between two and four o'clock in the morning.

I would here emphasize the valuable truth in symptomatology and therapeutics, that when the period of aggravation of a remedy is well defined, there is no more valuable or reliable guiding symptoms in its pathogenesis. And this is especially true of these two remedies; also of *Natrum muriaticum*, *Rhus tox.*, *Arsenicum*, *Lachesis*, *Kali carb.*, etc.

When the following group of symptoms are manifested in any patient suffering from whatever ailment, *Lycopodium* may be implicitly depended upon to initiate improvement, provided, always, that the 30th or higher potency be used, to-wit: — In kidney affections, red sand in the urine, back-ache in renal region aggravated before, and relieved after passing urine. In respiratory troubles, "fan-like motion of the wings of the nose."

In derangement of digestion, sense of fullness and satiety after eating but little, rumbling of gas especially in the upper left side of the abdomen, pain shooting across the lower portion of the abdomen from right to left, and in all affections a general aggravation between four and eight o'clock in the afternoon.

From many marked cases I will detail two of recent occurrence by way of illustration of the value of the symptom "aggravation between

four and eight p. m.," as an index to this remedy in desperate cases.

Case No. 1. Male, aged about forty years. I was called on by the patient's wife about ten o'clock in the evening, when she asked me to visit her husband in consultation with the physician who had been attending him for two weeks. She said the trouble was rheumatism, and it was seriously threatening the heart. I could not go that evening, but agreed to meet the other doctor at ten o'clock next morning. About five o'clock next morning a messenger came hurriedly, and begged me to come at once, as "the physician had given the patient up, had left the house, and he was surely dying."

I found that the gravity of the situation had not been exaggerated. He could scarcely breathe; his heart was beating feebly at the rate of *twenty-five to the minute!* He complained of great pain in the left chest, especially in the cardiac region. His countenance expressed the utmost distress and anxiety; face pale, sallow and looking like death.

How much blame for the patient's desperate condition was to be charged to the account of the drugs administered during the period since the heart had been threatened, it was not easy to determine. But they had doubtless had much to do in causing the slowness and feebleness of the heart's action, as the pain and apprehension caused by rheumatic or neuralgic attacks in the cardiac region tend rather to accelerate than retard the rapidity of its action.

No doubt, large and increasing doses of drugs having direct action on the heart nerves, had been given, in addition to the Salicylic acid and its compound, used in all such cases by the old school. But the physician who had had charge of the patient having deserted his post, the facts in this regard could not be learned.

In therapeutically diagnosing the case, grave difficulties presented themselves. The patient himself could do no more for me than to reiterate feebly between gasps, with his hand to his heart, "The pain here!" The impossibility of distinguishing as to which of the then existing symptoms were those of the disease and which were those of the drugs, made them a poor dependence for a prescription.

I concluded the best plan to adopt would be to go back to the beginning and ascertain, if possible, what symptoms had presented themselves before drugging had been begun. He had the good fortune to have a very intelligent wife, and persistent questioning and intelligent replying developed that he had been troubled on

account of his kidneys for some time before he had taken to his bed, having had pain in his back, irritability of the bladder, evidenced by frequent desire to urinate; that a deposit of "red sand" was frequently to be found in the vessel; and that all through his illness he had been invariably worse from about four o'clock in the afternoon till well into the night. This latter symptom was the first drawn out, and was told in response to the question: "Is there any time in the twenty-four hours that he has seemed worse than at other times, other things being equal?" This hint suggested inquiries as to the urinary symptoms, with the result as given, and to observe his countenance more closely by the aid of more light (he wanted the room darkened), when the peculiar "fan-like" motion of the *alae nasi* was plainly to be seen. There were also the severe flying pains about the heart, causing the patient to press his hand there, dread to move or be moved. This latter symptom I have repeatedly verified as belonging to the condition *Lycopodium* will cure.

Here was as good a picture of a remedy as could be expected in such a clouded case. *Lycopodium* was prepared in water, with instructions that it be given every half hour until some indication of improvement should be seen, when the interval was to be lengthened. I left, promising to call again after breakfast, which I did at ten o'clock, and found my patient fast asleep! His pulse had increased to fifty-five beats per minute, and there was every indication of substantial improvement. His wife insisted that the improvement became apparent in fifteen minutes after he had swallowed the first dose of medicine. The patient did not wake while I was in the house during this visit. It was the first quiet sleep he had had in a week. His wife could scarcely be convinced that he had not been given an opiate. I left with directions that the medicine should be given every two hours after awaking. Called again at one p. m. and found the patient awake and comparatively comfortable. Pulse ninety. Discontinued medicine and substituted placebo.

On calling about eight in the evening, found him still better, and the danger point apparently passed. Improvement was steady and uninterrupted till in three weeks he was able to walk out a little way. Rheumatism in his shoulders persisted for a while, but finally yielded to *Bryonia*.

During the first week of my attendance upon him he had no appetite and a coated tongue. He took no food but a little milk in boiling

water, and drank warm lemonade. I find it best in all such cases to forbid food, until the patient longs for some simple, wholesome food, and eats it with a relish. Such food, under such conditions, will refresh and strengthen the patient. If forced upon him before he is thus ready for it, it will weaken rather than strengthen him.

Case No. 2. Male, aged 30. I was called to see him a week ago, after he had been sick two weeks, under the care of an old-school physician, with rheumatism in the left hip and the sacro-iliac symphysis of that side. He had not been able to sleep for several nights on account of the severity of the pain, and extreme restlessness. Tongue heavily coated a yellowish white; great thirst for acid drinks; no appetite; face sallow. The extreme restlessness, being obliged to change his position very often, worse at night, etc., suggested *Rhus tox.*, which was given in potencies varying from the highest to the lowest, for forty-eight hours, without any relief whatever. In cases so violent as this, and where there is so much suffering, the proper remedy will act and bring relief in a few hours at most; and I became satisfied *Rhus* was not the remedy for this case.

A more careful examination discovered the fact that, while he was worse at night, he began to experience an aggravation of all his symptoms about four p. m. This had been the case from the beginning. Examination of the urine showed a copious, mealy, pinkish sediment in the vessel; he said he had great trouble in passing water, with urging frequent. He had no appetite, but craved lemonade and acid drinks.

His suffering had been so extreme for so long, with loss of sleep, etc., he and his friends were desperate; so was I, almost. The pain was extreme; as severe as in aggravated cases of sciatica, so that the patient lamented continually. His friends and he begged for *something* to relieve the pain; he must have rest the next night. I promised them he should have, and determined to do that which I do not do once in a year—resort to anodynes if he was not relieved in a measure by night. I gave him *Lycopodium* about ten a. m. of the third day of my care of him. I sent my partner in the evening with instructions to give him the simplest anodyne should he not be a little better. The doctor reported next morning that the patient became easier about noon, and was comparatively free from pain when he called; so he gave him nothing. Next morning I found him smiling and comfortable, having slept several hours during

the night. He told me he could feel that "quieting medicine" *work!*

He has had sac. lac. for three days and is free from pain, able to sit up, calls for food, sleeps nearly all night, and is evidently on the way to speedy recovery.

PHIMOSIS IN THE FEMALE.

By M. J. BLEIM, M.D.

CHICAGO.

[Read before the Illinois State Homœopathic Medical Association.]

THE clitoris is a miniature penis. In its general structure it corresponds to the male organ. The two cruri arising from the pubic rami unite to form the body, which lies concealed in the depression between the upper extremities of the labia majoris. The body terminates in a bulb of oval shape, and about the size of a small split bean. This is the *glans clitoridis*, and is the only part exposed to view. It lies in the apex of that triangular space called the vestibulum and, like its male type, is covered by a prepuce or foreskin. This prepuce is formed by the labia minores. Each labia divides at its upper extremity into an upper and a lower fold; the upper parts blend with each other over the glans, thus forming for it a hood-like covering. The under parts unite beneath the glans, and are attached to its base, forming a sort of frenum. Around the base of the glans, where it joins the body of the clitoris, runs a groove, corresponding to the similar groove in the male organ. If this description be sufficiently clear its resemblance to a miniature penis can plainly be seen.

Proportionate to its size and apparent place in the sexual function has been the attention bestowed upon the clitoris, and indeed, the range of diseases to which it is liable is extremely limited. When we mention hypertrophy, venereal productions and cancerous affections we have already exhausted the list given in text-books. And yet there is one condition, extremely common, and in many cases undoubtedly prolific of local and reflex disturbances, which I have never seen mentioned in any of the familiar text-books and works of reference. What one might find by searching the musty records of the past, if one had access and time, I cannot pretend to say. The condition to which I refer is similar to that so well known in the male, called *phimosis*.

If we will examine a normal clitoris we shall see that the hood or prepuce is perfectly free from the glans, and can be retracted without difficulty, so as to expose the whole glans and

the groove at its base. In many cases (and these are abnormal) it is impossible to do this, because the prepuce is adherent to the surface of the glans. Sometimes only the tip can be exposed, but more often the adhesion exists only over the distal half. You will find it almost impossible to break up this adhesion without the aid of an anæsthetic, and it is best done as a part of complete orificial work; even Cocaine fails often to overcome this sensitiveness sufficiently. On peeling back the prepuce we usually find smegma confined in the groove and the affected surfaces highly inflamed and irritable.

More rarely than the simple adhesion we find the prepuce tense or shortened laterally, thus binding down and pressing upon the glans. To correct this condition it is necessary to incise the hood up the center or to stretch it. If large, it may be advisable to take stitches, and, if too redundant, even to amputate a portion of the prepuce.

And now, a word as to the effects produced by this female phimosis. That it may exist in many women without ever giving rise to any local or reflex disturbances I do not deny. That it may prove a possible cause of such troubles I affirm; and as a known abnormal condition its correction is always justifiable. The principal local irritation which I have observed is sexual excitation. Who knows but what this condition may not in many cases be the direct cause of masturbation? That it keeps up a constant irritation of the sexual function, whose craving for satisfaction ends in masturbation, I am positive. A fine illustrative case was the one which first led my attention to this matter. While assisting my friend, Dr. Wells LeFevre, in performing an operation upon a young woman, I noticed a very marked tension of the prepuce, plainly pressing upon and binding down the glans. I called his attention to it, and we discussed the propriety of correcting the condition. But in view of our ignorance, we decided to wait. The girl improved in many ways, but finally told the doctor what she had never confessed to him before—that she was troubled with excessive sexual excitement, which at times became so intense as to lead to masturbation; she was a good girl and this trouble mortified her terribly. Thereupon the doctor incised the prepuce and broke up the adhesion. The relief was instantaneous and to us a revelation. It resulted in the immediate disappearance of all sexual irritation and of masturbation. The Germans, with their penchant for curing all ills with the knife, have indeed practised amputa-

tion of the clitoris for that vile habit. This is, however, a very radical thing to do, and the success has been so indifferent that the procedure is not well established. In those cases where relief has been obtained by this measure, I am of the opinion that the exciting cause was a local one and could have been cured by attending to the condition of the prepuce, as well as to all the lower orifices. In unsuccessful cases we must seek for the exciting causes in the higher mental and moral spheres.

Aside from local irritation, this condition of phimosis may certainly operate by way of reflex disturbances, keeping up an irritation of the whole nervous system and a consequent drain upon it. In short, may we not look for the same range of effects as have already so well been determined in the male sex? May we not hope to find here an additional key to the source of some obscure nervous disturbances in young girls and women?

ALEXANDER'S OPERATION.

By CURTIS M. BEEBE, M.D.,

CHICAGO.

[Read before the Illinois State Homœopathic Medical Association.]

ALLEXANDER'S operation consists in shortening the round ligaments of the uterus.

The patient should be prepared as follows: The day before the operation she should be bathed with soap and water and sponged with a solution of Bichloride of mercury 1:4,000; the lower abdomen and mons veneris shaven and sponged with Bichloride of mercury 1:4,000.

Give the patient some Castor oil the night before, an enema of 23 of Glycerine three hours before the operation, and a hot vaginal douche of 1:6,000 Bichloride solution. Towels saturated in 1:1,000 Bichloride solution should be so arranged over the thighs and abdomen that prepared objects will not touch unprepared.

The hands of all persons touching prepared objects must be scrubbed in 1:1,000 Bichloride solution.

Find the landmarks to the external abdominal ring — namely, the spine of the pubes and the ligament of Poupart above these, and at their point of union is the external opening of the inguinal canal, the external abdominal ring.

Cut through the abdominal wall parallel with the upper border of Poupart's ligament, the incision, one and one-half inches in length, having its center over the external abdominal ring.

Cut directly through the several layers of fasciæ to the ring and the aponeurosis of the

external oblique muscle. The depression corresponding to the ring may be easily felt.

All of the tissues down to the aponeurosis, throughout the whole length of the incision, should be divided and drawn aside by retractors. The wound should be kept almost constantly irrigated. All of the structures emerging from the ring should now be raised on the blunt hook. They consist of the round ligament, fascia, and the inguinal branch of the ilio-inguinal nerve.

The nerve lying upon the other structures is caught up, drawn out and cut off.

Dense fascia firmly unites the round ligament to the pillars of the ring, and its extremity is united with the areolar tissue over the crest of the pubes.

Clip with scissors the fascia at the border of the pillars of the ring, and thus free the ligament at the opening; passing the tip of the finger into the canal above, below, and at the side of the ligament, and thus separating the ligament from the canal, to which it is firmly united.

When this is done completely the ligament is free, can be readily pulled out, and is said to "run." Stopping the hemorrhage and packing the wound with Bichloride gauze, proceed in the same way on the other side until that ligament also "runs."

An assistant should now raise the uterus with an Emmett's repositor and place an Albert Smith's pessary in position. Now draw the ligaments out as far as possible and have them held firmly while the sutures are applied.

Use silk-worm gut for sutures and pass them through the pillars of the ring, including two-thirds of the substance of the ligament. The ligatures should be drawn very tightly. Use as many as four sutures to each ligament. When the sutures are perfectly applied, cut off the ligament half an inch from the opening, and suture this end firmly to the tissues over the pubic crest. Irrigate thoroughly. Inject several drachms of Carbolic acid 1:100 solution into the canal.

Pass a small drainage tube into the canal, so as to secure free vent for the bloody serum thrown out during the first forty-eight hours. Coapt the skin as perfectly as possible with silk-worm gut sutures, irrigate, dust with Iodoform, then spread a strip of Lister's protective over the line of the sutures. Place a large handful of mussed-up Bichloride gauze over the protective, and over that a layer of Bichloride cotton two inches thick. Then comes the T bandage. The urine should be drawn with a catheter.

In twenty-four hours the dressing should be changed. In twenty-four hours more, remove the drainage tubes and dress as thoroughly as before.

This dressing may remain ten days, when the stitches may be removed.

The patient should remain in bed one month. The pessary should be worn six months.

The operation is useful in procidentia, retroversion and flexion, and possibly extreme cases of antelexion.

Examining the position of the womb upon the cadaver after making taut the round ligament, it is found to be straightened and lying anteverted, very close to anterior abdominal wall.

In order that the operation be successful, other measures may be necessary — amputation of an hypertrophied cervix, uniting a lacerated cervix or perineum, or correcting a prolapse of the anterior or posterior vaginal wall.

With these additional precautions, when the necessity for them exists, I believe that Alexander's operation offers the best and most perfect cure of retroversion and procidentia.

STRICTURE OF THE URETHRA AS A CAUSE OF ALBUMINURIA.

By C. A. WILLIAMS, M.D.

CHICAGO.

[Read before the Illinois Homœopathic Medical Association.]

IN May, 1887, I was called to see a lady from Kansas who gave the following history:

She became pregnant in Sept., 1884, and felt perfectly well till Feb., 1885. On the 15th, she strained herself by some unusual exertion. That night a discharge of blood came from the vagina, and continued for three weeks. Soon after the discharge stopped œdema set in, and a sediment in the urine. Feb. 19, she was delivered of a dead child. This was followed by unconsciousness for twenty-four hours, probably of uræmic origin. There was retention of urine for several days. This was followed by a condition of involuntary urination, which lasted for months. Occasionally there was great pain on urination. Also a constant dribbling, notwithstanding the bladder felt full, so that she would sit on the vessel for hours. The urine was albuminous. There was a burning and gnawing pain in the urethra.

When I first saw this patient she was emaciated, pale, with an anxious, painful expression. Tongue coated, appetite poor, bowels loose, face puffy, and some swelling of the feet. She could

sit up but a short time, and with difficulty walked across the room. Questioning elicited the fact that no one of her advisers had made an examination either of the urethra or the bladder, ascribing the trouble in these organs to the albuminuria. On introducing the sound, I found at the neck of the bladder a stricture of the urethra and external to the stricture an enlargement, or pouch, which contained about half a teaspoonful of urine. At the seat of the stricture the walls were thickened and the canal so closed that a small probe was passed with great difficulty.

The stricture was nearly half an inch in length, and the thickened walls prevented the complete closure of the canal, accounting for the constant dribbling of the urine and distressing tenesmus of the neck of bladder. By careful and continued efforts, using various sized probes, I was enabled to pass a No. 5 sound, and finally a small-sized catheter.

The bladder was about the size of a very small orange, and with the capacity of perhaps one teaspoonful. The internal surface was granulated and the slightest touch of the sound or even the soft catheter was followed by a profuse discharge of blood. There was no time that the urine was not discolored. The enlarged canal made but little change. The agony of using the sounds when passing the urethrocele was intolerable. Considering this the aggravating cause, and believing that its removal, thus enabling us to get rid of the stale, acrid urine that was retained in this receptacle, would add much to our means of relief, I called Dr. Streeter in consultation as to the advisability of slitting up the canal, after Emmet's plan, removing the superabundance of tissue.

After a careful examination, Dr. Streeter confirmed my diagnosis, describing the urethrocele as one-half inch across and three-quarters inch in length, sufficient to hold three-quarters to a drachm of urine. Dr. Streeter suggested, instead of using the knife, that the stricture be rapidly and forcibly broken up by passing graduated sounds until the whole canal was enlarged to a uniform size with that portion containing the urethrocele. This was done at once, passing from a No. 5 up to a No. 24 sound. This I continued at intervals of two, three and four days, for three or four weeks, and had the satisfaction of seeing the urethrocele gradually fade away and the canal become uniform in size.

The patient could now at times retain the urine for half an hour, and the capacity of the

bladder had increased to one-third of an ounce. She was directed to use all efforts to retain the urine as long as possible. As soon as a sufficient quantity of urine was obtained an analysis was made and found to contain a large amount of albumin, blood corpuscles, pus, tube-carts and broken down epithelium, establishing beyond all doubt the implication of the kidneys. There was no way to get at the amount of urine voided in twenty-four hours, but there was every evidence that the amount was far below the normal quantity. The diarrhœa continued in spite of thorough medication and careful attention to diet. An examination of the rectum revealed a contracted sphincter and sensitive papillæ. These were removed, and the sphincter stretched, and was followed by rapid relief from the diarrhœa. Her general condition began to improve in a marked manner, and she was enabled to take some out-door exercise. Injections into the bladder of a saturated solution of Potassa chlorate was used every day for some weeks, and the amount of blood was greatly diminished, and often the urine was voided without being discolored. Boracic acid was now substituted for the Potassa, one drachm to the ounce of water. The capacity of the bladder gradually increased, and on her departure for home, Aug. 7th, 1887, was nearly one ounce, allowing her to retain it nearly an hour. She has continued under treatment to the present time, sending at regular intervals samples of urine for examination.

The first measurement made after the incontinence ceased, showed six ounces secreted in twenty-four hours. This gradually increased until at the present time she is passing thirty to forty ounces per diem. The albumin also gradually decreased until now there is no trace of it whatever. She now writes as follows: April 11, 1888. "As my medicine is nearly gone, I write you again. I believe the bladder is steadily increasing in size as I can now retain nearly three ounces at a time. The urine never looks bloody, and does not dribble away at all any more. And I generally wake during the night in time to get up, although I sleep real well. I pass from two to two and a half pints every day. Some articles of food, as onions and buttermilk, affect my bowels some, although they are quite well as a rule."

Two points were learned in this case that are worthy of our consideration. First, that from stricture of the urethra we may have cystitis followed by contraction of the bladder, and as the results of the obstruction to the discharge of

the urine, sympathetic inflammation of the kidneys, resulting in albuminous and real nephritis with structural change in the kidney itself. Second, The general stimulating effect produced through stretching the constricted orifice of the body, resulted in this case in the removal of not only the stricture, but so toned the walls of the urethrocele as to obliterate that most troublesome and, in many cases, incurable condition by the ordinary surgical measures. This paper would be incomplete without mentioning some of the therapeutics in the case. Many different remedies were used, as the conditions seemed to indicate, but only from two did I get any marked results: *Mercurius corrosivus*, and *Millifolium*. These were used a greater part of the time, and when discontinued their absence was noticed very soon.

CHILDREN AND HYGIENE.

By F. W. GORDON, M.D.

STERLING, ILL.

[Read before the Illinois State Homœopathic Medical Association.]

IN presenting a few thoughts on this subject, it is with the hope that I may stimulate further research in this important field, and to do what I can to impress upon the minds of all, that in order to have vigorous and well-balanced men and women, we must have healthy and well trained children. Such a desirable state of things can only be possible by a due observance of nature's laws.

Ordinarily our first duty toward the new-born babe is tying and severing the cord. This should not be done too soon, especially if there is strong pulsation, as that indicates that the pulmonary circulation is not fully established.

My experience teaches that nurses are often inclined to adjust the waistbands much tighter than they should, thereby inducing great discomfort, indigestion, colic, and a lack of general development.

It is barbarous thus to cause needless suffering, to say nothing of the permanent injuries that are liable to follow.

The only natural food for infants is obtained from the mother's breast. This rule should invariably be followed, if possible, unless the health of the mother forbids. Where organic disease exists to any considerable extent, especially of the respiratory organs, nursing should not be permitted. Another difficulty frequently met with is the tendency with many to protract the nursing period far beyond the demands of health

and to the injury of both mother and child. Various excuses are given for this, such as, "Her teeth are so slow in coming;" and, "She won't eat anything at the table," etc. But I am forced to conclude that the real cause often is the false impression that they are, for the time at least, insured against future pregnancies. Another reason for nursing, and one which I think is rarely considered, is that, being a natural process, it materially aids in the speedy and complete restoration of the entire generative tract.

Where there is a manifest lack of nourishment at the breast, cow's milk, properly diluted, may be given, but only in sufficient quantity to make good the deficiency.

Wet-nursing is perhaps the next most natural method to be employed, although it has some serious objections. The greatest is, perhaps, the risk of communicating disease in some form or other to the child. The nurse should be closely examined. To retain their places they may, and sometimes do, resort to feeding the child clandestinely, and if the little one is sleepless or colicky, may resort to drugs.

The next most available and natural means of nourishing a child is with cow's milk. Untold and meritorious efforts have been put forth to supply something better and more nearly allied to that of the mother, but without success. Says an eminent English authority: "Even Baron Liebig has followed the lead, with a 'Food for Infants,' wherein ounces and quarter grains figure closely, and which, after all, is not nearly so close an imitation of human milk as is made by the addition to fresh cow's milk of half its bulk of soft water, in each pint of which has been mixed a heaped-up teaspoonful of powdered sugar-of-milk, and a pinch of phosphate of lime."

That "infant foods" serve an excellent purpose, and can not easily be dispensed with, I freely admit; but that it is possible to substitute any article whatever that milk in some form does not largely enter into, that will prove more nutritious and beneficial to infants generally, I positively deny. My experience teaches that there is a wide-spread disposition now-a-days on the part of mothers to find something that will wholly take the place of milk, even in the diet of healthy children. Such a course can only lead to disaster and should be emphatically discountenanced by the medical fraternity. I recall to mind one striking illustration that came under my care. A child had long been fed upon this and that watery and comparatively innutritious compound, until it became a mere skeleton and was thought by the parents to be

well advanced in phthisis pulmonalis. I was called in to give an opinion, and, if possible, to suggest some way out of the difficulty. After a close examination and thorough inquiry as to diet, I concluded that proper alimentation was all the case demanded, and so informed them. Suitable preparations of milk were at once substituted, and the child was speedily restored to health.

Guerin's experiments with fat puppies is confirmatory of the position above taken. By removing half the puppies and placing them on a meat diet he found a speedy arrest of development, and that those allowed to continue a milk diet far outstripped them.

For children between the periods of infancy and puberty, some recommend, and with good reason, I think, four meals a day. The temperature of the food when taken is an important thing to be considered, and one which I am inclined to think has been sadly neglected. It has been demonstrated that food taken into the stomach much above the temperature of the body retards digestion and tends to crack the enamel of the teeth. This adds another to the many serious objections to the use of tea and coffee as ordinarily practiced. They belong to the domain of medicine; are not naturally demanded by the healthy organism. Neither are intoxicants of any kind—and they certainly cannot be said to be nutritious.

Precepts on health are among the oldest in the world. We have only to adopt and rigidly adhere to the old Mosaic laws to insure the greatest freedom from disease, viz.: "Scrupulous attention to cleanliness, isolation of the sick, and extreme care in the use of wholesome articles of food and drink."

Slight errors in diet, improper ventilation, lack of out-door exercise, loss of sleep, etc., that would not be felt for a time, will, if persisted in, bring serious and often fatal results. Ansell's mortality statistics for England tell us that in the worst parts of the large cities not more than ten per cent of the children live over five years, while among the peerage ninety per cent may be living at that age. They also tell us that one-half the deaths of all ages among the poor of large cities occur under five years.

Such statements are startling, and demand our strictest attention. It is evident that not more skillful surgeons or more kind and attentive physicians are demanded, but a thorough sanitary reform, a common-sense application of the principles of hygiene. Such a course, and only such, will bring success.

It is plainly the province and the duty of the medical profession to stand as a unit on all needed improvements in this direction. We should use our influence towards the enactment of more wholesome laws — laws prohibiting the violation of every condition of right living. We should promote a public spirit that will no more quickly tolerate the density of population, filth and wretchedness, as now met with in our large cities, than it would tolerate a slaughter-house in the same localities. Laws that will throttle for all time that parent of disease and crime, that curse of curses of the nineteenth century, that has hitherto been so carefully guarded and protected. Laws are demanded that will effectually prohibit marriage among such as are hopelessly suffering from diseases inherited or acquired that are calculated to entail weakness and suffering upon their offspring.

All will readily admit the pernicious and lasting effects of the use of tobacco, especially on the young; yet the spirit of indifference that pervades almost every community in regard to its use is truly amazing. However, when we consider the millions on millions who know its effects, and who should set a better example, who are deliberately and persistently destroying their health and manhood by a slow process of poisoning, it is not so amazing after all. I think it is not misrepresenting this great mass of humanity to say that such a course is not pursued in after years by more than one-fifth from actual preference, and a feeling that it is beneficial, but because they are slaves to the self-conceit and indiscretions of youth and early manhood. The same is true also in regard to intoxicants.

By such means, and such alone, can long life and freedom from disease be secured. None will dispute the assertion that to pursue such a course would well-nigh stamp out for all time epidemics of every description. What a relief to the ever-watchful and anxious mother to know that her promising babe is almost certain to escape the majority of ills and dreaded epidemics now so prevalent. Were such laws to be enacted, enforced, and personally adhered to, who can calculate the added vigor to youth and manhood, and consequent ability to withstand diseases of every description that would thus be secured. It would indeed be to future generations what compound interest is to the capitalist. That a condition of things so radical and yet so desirable can be brought about in the near future is not to be expected, but that

it will be brought about, sooner or later, I firmly believe.

I have thus briefly alluded to what every thinking person must admit are living issues, now rising up before us in immense proportions, and demanding our immediate attention.

Permit me again to urge the necessity of constantly agitating this matter before our school boards, boards of health, common councils, legislators, and wherever an opportunity presents, until it can at least be said of us, we have kept pace with the fatherland.

THE REMEDIES FOR SUB-INVOLUTION OF THE UTERUS.

(Continued from June number.)

By E. M. HALE, M.D.

CHICAGO.

[Read before the Bureau of Obstetrics at the meeting of the Illinois State Homeopathic Medical Society, May 16th, 1888.]

HYDRASTIS CANADENSIS, an indigenous medicine, has been long known in this country as a tonic and an alterative to mucous membranes. It was shown by Rutherford to have some action on the liver, and was classed by eclectics as a "uterine tonic," but no tangible proof was shown that it had any specific action on the uterus until the German Professor Schatz demonstrated that it had the power of contracting the blood-vessels of that organ. He found that in animals it also caused contractions of the uterine muscles, and supposed that it acted similarly on the uterus of women, but later investigations by Schatz and others have shown that it does not contract the human uterus. This narrows the sphere of action of Hydrastis to its power of contracting the uterine blood-vessels. In this it differs from all other drugs having an action on the uterus. It is believed to act on the arterioles and arterial capillaries, similarly to the action of Hamamelis on the veins. The brilliant success obtained by the use of Hydrastis in the treatment of uterine fibroids and other uterine neoplasms, is due to the power which it possesses of shutting off the nutrition supplied by the arteries.

I do not think that the action of Hydrastis on the arteries of the uterus is local only. It doubtless acts similarly on all arteries, but especially on those of mucous membranes, on the liver, mammary glands, and intestines. It may possibly act similarly on the blood-vessels of the lungs and brain.

Much has yet to be learned concerning the physiological action of this unique remedy. It is known to gynecologists and obstetricians that a contracted uterus may bleed profusely, and that a uterus may be the seat of violent contractions and yet fail to gain normal involution. Muscular contraction of the uterus may occur without real contraction of its blood-vessels. In a large proportion of cases of sub-involution, uterine hemorrhages, dysmenorrhœa, and even amenorrhœa, the trouble may be caused by a parietic condition of the uterine blood-vessels alone. It is in such cases that Hydrastis is the specific remedy. A uterus may be congested with blood to such an extent as to cause either of the above named conditions. It is not an active congestion, but a blood-stasis, in which the coats of the arteries are relaxed and parietic. I believe this condition to be *secondary*, because in the experiments with Hydrastis made by European observers, it has been observed that the primary effects of large toxic doses, were active congestion, followed later by arterial relaxation. Also that from smaller doses, arterial contraction occurred. In accordance with the law of *similia*, minute doses are indicated only in anæmia of organs and tissues, while material doses are called for by the opposite conditions. The distinctive pathological state of the uterus in sub-involution is passive stasis. The arteries are surcharged with blood which is not rapidly taken up by the veins. This causes an abnormal growth of connective tissue, and, if not arrested, induces areolar hyperplasia. Now, if after menstruation, miscarriage or labor, the uterus remains large, heavy, and engorged, notwithstanding the presence of muscular contractions, with or without pain, there is Hydrastis fully indicated. Its use should be commenced as soon as we detect the abnormal condition, or sooner, if we know that sub-involution or chronic blood stasis has previously existed. It has been established by numerous observations based on clinical experience, that the efficient dose is from twenty to forty drops of a strong tincture or fluid extract, repeated thrice in twenty-four hours; or, if the active principles of Hydrastis are used, a proportional dose. Schatz and others find that the Phosphate of hydrastin possesses similar properties. (By Hydrastis is meant the combined Berberine and Hydrastin). The dose of this preparation is from one to three grains.

If the white alkaloid is used, (Muriate of hydrastia) the dose is from one-tenth to one grain, three or four times daily. This latter prepara-

tion is now made in a colorless solution, the dose of which is from ten to thirty drops. It is devoid of any unpleasant, bitter taste, and is tolerated by the most irritable stomach. One great superiority possessed by this medicine over all others I have mentioned, is its tonic and restorative properties. It aids digestion and assimilation of food; increases the tone of the muscular system, regulates the bowels and the secretions. I believe it is indicated in the majority of cases of uterine sub-involution from any cause.

Caulophyllum has been extensively used in this country as a partus-accelerator. It seems to cause uterine pains closely simulating labor pains. But there is no recorded testimony that it causes *painful* contractions. On the contrary, it is a very popular remedy for uterine pains of a crampy or spasmodic nature, and has been successfully used for dysmenorrhœa, painful labors, false pains preceding labor, and after-pains. If such an anomaly were possible, it would seem that this drug causes, in large doses, uterine contraction destitute of pain. I have even used it successfully in allaying the uterine pains caused by Ergot. The testimony in favor of its power of preventing violent painful labor is sufficient to make us believe it. This medicine ought to be an excellent remedy, not only to prevent sub-involution, but in its treatment where existing. I cannot find any report of cases proving this assertion, but in several cases where I have given it before and after confinement, I believe it has prevented excessive lochia, and shortened the period of involution. These patients already had enlargement of the uterus from sub-involution after previous labors. The enlargement seemed to be less after its use. I would not advise the use of the tincture, for it is nauseous and acrid, even in small doses of ten to twenty drops. The attenuations are useless in such cases. Caulophyllin can be given in trituration. The 1x or 2x is sometimes quite sufficient, or it can be prescribed in sugar-coated granules of fractions of a grain, three or four times a day.

Leontine, the recently discovered alkaloid or glucoside of Caulophyllum, is a very active and elegant preparation. It is about eight times as potent as Caulophyllin, and the 2x or 3x triturations are very effective. Lloyd's solution of Leontine is about the same as the first centesimal. The dose is five to fifteen drops three or four times a day. It has been tried by many gynecologists and obstetricians and found to equal Ergot in causing expulsive contractions of

the uterus, but without pain. Perfectly normal labor pains are slight when compared with abnormal pains. It has proved useful in chronic passive hemorrhages from the uterus — menorrhagia — too frequent and profuse menses, and amenorrhœa.

Gossypium. It is singular that so much has been asserted of the abortifacient and parturient powers of the cotton-root, and yet so little really known. No systematic experiments have been made to ascertain if it will cause uterine contractions in the unimpregnated or gravid uterus in animals or women. All that we know of it is purely empirical, except a fragmentary proving by Dr. Williamson, of our school, and in that proving the uterine symptoms are almost *nil*. It is asserted that it will hasten labor by causing more efficient pain, and arrest uterine hemorrhage due to laxity of its tissues; that the expulsive efforts are not as painful as those of Ergot, and that it will arrest excessive lochia.

Now, if it will do all this, it will be an addition to our means of treating sub-involution of the uterus. All that I personally know of *Gossypium* is, that in large doses it rather decreases than increases the menstrual flow, that it is beneficial in after-pains, with normal or abnormal lochia, and that the uterus seems to contract better after labor if it is administered in moderate doses (fifteen or twenty drops three or four times a day for a few weeks after labor).

I never found it to cause uterine pain, nor do I know of a single authenticated case where it has caused miscarriage or premature labor. We must have more definite knowledge of its power before we can use it with precision.

Sabina has, from the earliest times in medicine, been considered a potent uterine drug. There is no doubt but it will cause abortion at any date of pregnancy if large doses are given, but, at the same time, it is one of the most injurious drugs known, if prescribed in toxic doses. It is pretty well established that it causes active arterial congestion of the uterus (primarily) and passive venous stasis (secondarily). During its primary effect very painful uterine contractions occur, often attended by acute inflammation. During its secondary effects, the uterine blood-vessels are in a state of atony, and the uterus is enlarged, a pathological condition closely simulating some cases of sub-involution, especially those which are post-menstrual or obtain after abortions. It is therefore better indicated in these than in post-parturient cases. The curative dose lies in the 1x or 2x dilutions.

There are several drugs analogous to *Sabina*, both botanically and pathogenetically. Among these are *Thuja*, *Terebinth*, *Pinus Canadensis* and *Abies*. Under certain circumstances each may be indicated in sub-involution. Turpentine is far more valuable in such cases than is supposed, and *Thuja*, if indicated, is as potent in preventing and treating this condition as any drug in the whole materia medica.

Cinnamon is another drug which is not sufficiently appreciated. It ranks with *Hamamelis*. But the former is to arterial hemorrhage what the latter is to venous, while *Hydrastis* stands midway between. These three form a trio which we cannot do without. They do not cause contraction of the uterine muscles, their action being only on the coats of the uterine arteries. Perhaps *Kali bromatum*, *Erigeron*, *Trillium* and *Millefoil* belong to the same class. I think they do.

In conclusion, I have a few words to say regarding the doses I have advised; not in the way of an apology, but in explanation. Uterine sub-involution is never a primary affection. The primary condition which antedates it is always active congestion. Now, none of the medicines above treated can cause, *primarily*, sub-involution, but they all cause, in large toxic doses, the active uterine congestion or inflammation, which ends in chronic vascular stasis with hyperplasia of tissues. The deduction is, that all the drugs recommended above are secondarily indicated in that condition, and the dose *must* be larger than if they were primarily indicated. Were I considering acute congestion or inflammation of the uterus, I would advise minute doses of the same drugs, with a sincere belief, based on experience, that such doses are curative. In prescribing material doses of medicines for symptoms and conditions which simulate their secondary effects, we expect to set up physiological effects, which, to a certain degree, resemble the primary acute symptoms. I have often been astonished at the inanity of intelligent men who think to set up physiological effects with infinitesimal doses. I have known some physicians to prescribe *Secale* thirtieth for the purpose of causing uterine contractions in hemorrhage or absent labor-pains. As well might we prescribe *Ipecac* thirtieth to cause emesis.

Until such utterly absurd notions are abandoned, they cannot expect anything but ridicule from scientific men of all schools. The law of *similia* is a grand therapeutic law, but we must not misunderstand or pervert it.

(Concluded.)

VI.

HAY FEVER:

RHINITIS VASO-MOTORIA PERIODICA.

By E. LIPPINCOTT, M.D.

MEMPHIS, TENN.

THERAPEUTIC INDICATIONS.

Sabadilla.—This medicine has been recommended by some writers as a prophylactic, and some cures have been reported from its use, but I have failed to learn whether any of the cures were permanent. Dr. Small says that "Dr. E. M. Hale has succeeded in aborting several cases of hay fever with Sabadilla."

It is of excellent service in relieving excessive sneezing, fluent coryza and lachrymation.

Its therapeutic indications are: Great irritation and itching of the pituitary membrane, with violent paroxysms of sneezing; copious coryza and lachrymation; lachrymation when in the open air; when looking at a bright light; when coughing or yawning; frontal headache; redness of the margins of the eyelids; dryness of the mouth without thirst; dry, spasmodic cough; cough worse on lying down; sensitiveness to cool air; agitated, unrefreshing sleep. Dr. Bayes has used it with marked success.

Dr. Hawkes (*Clinique*, Vol. I, 1880, page 95), reports the cure of a case of rose cold of three or four years' duration, with Sabadilla 200 in about three days, with the following symptoms: "Burning stinging in the bridge of the nose, with a full, distended feeling; complete obstruction of the nose, so that he could breathe only with his mouth open; much sneezing, with profuse discharge of a bland, watery, very thin mucus; persistent, almost voluptuous itching and tingling of the *alæ nasi* at their junction with the lips; sneezing much worse indoors than outside; breathing much easier outdoors; better in every way outdoors; nose swollen and red; eyes watery and weak looking. Commenced improving next morning after taking medicine." In reply to my letter of inquiry of Sept. 21st, 1887, Dr. Hawkes said: "In the case of rose cold referred to, there was no return of the symptoms, to the best of my knowledge and recollection."

Arsenicum iodatus.—This remedy has been recommended as a prophylactic. The prophylactic power of a drug lies in its ability to so affect the organism as to render it proof against contagion, or to remove a pre-existing diseased condition, and predisposing cause, and render it innocuous to an exciting influence. No remedy

up to the present time, has been so much in general favor with the profession as this one. Dr. E. M. Hale considers it to be the nearest to a specific for hay fever that we now possess. It is indicated in cases in which there is a malarial cachexia; in persons of a pale, delicate complexion, prone to glandular enlargements; itching and irritation in the mouth, eyes, ears, nose and throat; burning sensation in the nose and throat; excessive sneezing; fluent coryza, the discharge being thin and acrid, the acidity being pronounced; chilliness; flushes of heat; puffiness of the face and eyelids; eyes and nose red; rawness and dryness of throat, with hoarseness and asthmatic breathing, the difficult breathing being worse in the morning after meals, and after midnight; prostration; thirst.

Dr. Blackley, ("Hay Fever," second edition, 1880, page 252), says: "Of all the remedies I have had an opportunity of testing, I must give the palm to the Iodide of arsenic for its prophylactic properties in the early stage of hay fever, both in my own case and in those of other patients."

In a personal letter, Dr. O. P. Barden, of Tioga, Pa., reports good results with this remedy, in the treatment of several patients who had previously suffered from hay fever for two or three months each season. The indications for his guidance were as heretofore given. He says: "I find Arsenicum iodide an excellent remedy for catarrhal troubles."

Kali hydriodicum.—Frequent sneezing, fluent, acrid coryza; rawness and burning in the nasal and respiratory passages; swelling and redness of the nose; aching pain and throbbing in the frontal sinus; general aching; corrosive lachrymation; purulent discharge from the eyes, with swelling or oedema of the eyelids; oppression of breathing; hoarseness; violent, suffocative cough; profuse, white, frothy or stringy expectoration; choking sensation on awaking; wheezing breathing.

Dr. J. H. Lowrey, Neola, Iowa, reported to me, about two years ago, the following case: "Incessant sneezing for an hour or more every morning on rising; aching, heavy, pressing pain between the eyes; lachrymation when sneezing; at night the nose became stopped up; it feels sore to the touch. This trouble had appeared two years consecutively at the same date. Kali hydriodicum 1x trit., one powder every four hours, cured in a week, and there was no yearly return of the attacks."

In the *New York Medical Gazette*, October 8th, 1870, W. C. Roberts, M.D., vice-president New

York Academy of Medicine, says: "If there were any truth in the *similia similibus* doctrine, and any virtue in infinitesimal doses, Hydriodate of potash ought certainly to prove efficacious; for once in my life, and only that once, I saw it produce in a man as bad a 'crying cold' as I ever had at any period of my autumnal catarrh."

Aralia racemosa. — The venerable S. A. Jones, M.D., proved this remedy on himself, and to him are we principally indebted for our knowledge of its pathogenetic effects. He is a sufferer from asthma, and a paroxysm came on after taking the remedy, but he claims it was very different from his usual attacks, in that it resembled hay fever. In this complaint and similar suffocative coughs, Dr. Jones has found it very beneficial. He relates a case of hay asthma cured by this remedy, in which the characteristic symptoms were: Yearly attacks of suffocative catarrh, with extreme sensitiveness to a draught, the least current of air causing a violent fit of sneezing, accompanied by a copious, watery, acrid discharge from nostrils and posterior nares. Head felt stupefied from great loss of fluid, of a watery, transparent character, of an acrid, salty taste, excoriating the nostrils, posterior nares, and fauces. Waking at night with terribly impeded breathing, which necessitated immediate rising, with inability to lie down until nearly morning. During this time, sneezing, spitting, and blowing his nose would keep him busy. Bending forward, elbows on knees, eased the asthma very soon. Walking up stairs produced an aggravation. Inspiration was more difficult than expiration. When the coryza would cease, the whole trouble would settle on the lungs, producing an intense dyspnoea. Towards the end of the attack a dry, wheezing cough would set in, continuing, until with the sputa, there were ejected yellow, thread-like pieces of tough mucus, looking as if they had been dislodged from the bronchial tubes. *Aralia* ten drops, three times a day, cured in three days. For a more full description and knowledge of the action of this remedy the reader is referred to "Rough Notes on *Aralia Racemosa*," by S. A. Jones, M.D., *North American Journal of Homoeopathy*, November, 1872.

Allium cepa. — Sneezing; profuse, bland, though sometimes acrid coryza, commencing in the left, afterwards extending to the right nostril; discharge of white mucus; itching and burning in the nares; lachrymation, with itching of the eyelids and redness of the conjunctivæ; nasal respiration impaired and sometimes abolished; headache; photophobia; sleep disturbed; appe-

tite impaired; violent laryngeal cough, worse in the evening and in a warm room.

While there are no reported cures by this remedy, yet it is often valuable as an intercurrent remedy for the coryza and sneezing.

Sanguinaria Canadensis. — Frequent sneezing, aggravated by odors; copious, watery, acrid coryza, causing burning and rawness of the pituitary membrane, with loss of smell or perverted smell; pain in the frontal sinuses; (headache, arising from the back of the neck, coming forward to forehead and right side of head); oppression, pain, and soreness in the upper part of the chest, or on the right side of the chest, with difficult, wheezing breathing; severe dyspnoea; hay asthma; wheezing, whistling, hacking or dry cough, sometimes followed by diarrhoea, which relieves the cough; cough worse at night; burning dryness of the mouth and throat, not relieved by drinking; offensive sputa; all the symptoms worse on the right side.

In the *U. S. Medical Investigator*, (Vol. xviii., 1883, page 185), Dr. Winterburn says; "Sanguinaria has an important influence on the nasal mucous membrane. I have seen it cure a number of fluent coryzas. It seems to act best in cases which affect particularly the right nostril, and are accompanied by much sneezing. Such cases often yield quickly to inhalation, through the nose, of the dust arising from shaking a small quantity of Sanguinaria in a bottle; the inhalation to be repeated at intervals of three or four hours.

"Periodic coryzas of all sorts, from rose cold to autumnal catarrh, if possessing the characteristic conditions for Sanguinaria, will be cured by it.

"It may be merely a coincidence, but I have never been able to cure polypi in the left nostril with Sanguinaria. There is a peculiar right-sidedness running through the pathogenesis of this remedy and its analogue, *Chelidonium*."

Sanguinaria nitrate. — Our knowledge of the indications and conditions for the use of this medicine is, as yet, somewhat limited. Its action is similar to that of Sanguinaria Canadensis. It is claimed that it acts upon the hypertrophied tissue in the naso-pharyngeal regions better than any other remedy.

In catarrhal sore throat, Dr. Winterburn recommends its use in the form of a spray. He also reports (*U. S. Medical Investigator*, Vol. xviii., 1883, page 186) the cure of "a mucous polypus, adherent to the septal membrane, nearly filling the arch of the passage, and hanging downward into the posterior nares." The patient was giv-

en "an ounce of the Nitrate of sanguinaria, first decimal trituration, in a two-ounce bottle, with orders to shake the bottle and snuff the dust thoroughly up the right nostril every three hours. The effect was slow, but in the end most gratifying. In two months the polypus had entirely disappeared, and the nasal membrane was healthy and has remained so."

Arsenicum album.—This remedy is recommended by some hay fever writers as a prophylactic. Symptomatically, it is frequently indicated for sneezing; fluent, acrid, excoriating coryza; thirst for small draughts of water, and often; corrosive lachrymation; redness of the conjunctivæ; photophobia; burning sensations in the nose, eyes, throat and chest; anxiety; restlessness; prostration; asthmatic oppression of the chest, with great dyspnoea; wants doors and windows open, or jumps up suddenly at night and runs to the door or window for more air; or grasps hold of something; or sits up in bed, resting the head upon the hands, with the elbows resting upon the knees; short, hacking cough with pain in the upper part of the right lung; worse after midnight, from the least bodily exertion, or from a change of weather; mental depression. Dr. J. E. James, of Philadelphia, says: "I believe we have its (hay fever) remedy in Arsenicum 2nd or 3rd. It has in my hand effectually cured several cases."

Because of the presence of the specific irritant or exciting cause during the hay fever season, Arsenicum album and other symptomatically indicated remedies do not always avail without the removal of the predisposing cause.

Sticta pulmonaria.—Violent and incessant sneezing; severe coryza; hot, irritating, watery mucus is discharged; afterwards it becomes thick, bloody, green, or yellow, followed by dryness of the mucous membrane; the fluent coryza dries quickly on a handkerchief; the secretions dry rapidly, forming scabs difficult to dislodge; excessive dryness of the nasal mucous membrane; dryness of the throat, worse at night; tickling in the bronchi and larynx, with racking cough, worse on inspiration; burning in the eyes; conjunctivitis; severe frontal headache with a sensation of fullness in the frontal sinuses.

Arum triphyllum.—Frequent sneezing; fluent coryza; nose obstructed, compelled to breathe through the mouth; coryza acrid, excoriating nose and upper lip; must have the head elevated in order to sleep; much itching of the eyelids, and inner canthi; aversion to a bright light; desire to go in the open air unless the

sun shines brightly; chilliness; heat of face and head; constriction of the throat; saliva acrid; burning in the mouth and throat; soreness and burning sensation in the lungs; frequent tickling cough, with mucus expectoration; asthmatic paroxysms.

Ipecacuanha.—Is sometimes useful in the sneezing stage, but it is more prominently indicated in the asthmatic. The chest symptoms are the ones calling for its use. Long-continued, exhausting fits of coughing, with suffocative spells; gasps for air at an open window; the dyspnoea is intense; constriction of the throat and chest; constant, choking, asthmatic cough, with rattling of mucus; wheezing, nausea and vomiting; loss of breath on the least motion; face pale; chilliness increased by external warmth; in the later stages there is profuse mucus expectoration.

Kali bichromicum.—Is better adapted to the removal of the prime cause than to the disease itself, though Dr. James Kitchen and others have used it with much benefit in hay asthma, especially when the quantity of mucus in the bronchial tubes is not as great as it appears to be, the expectoration being tough and stringy; burning of the mucous membrane from the nose to the throat; headache in frontal sinuses or over the left supra-orbital ridge; fluent, acrid coryza; hoarseness; wheezing, or sharp ringing cough, excited by eating or drinking; pinching pain across the bridge of the nose relieved by hard pressure; plugs of green mucus in the nose; loss of smell.

Euphorbium officinalis.—The main sphere of this medicine is for the cough. It has done me good service in some cases of hay fever, but I have not made any cures, or learned of any made by its use. Its indications are:—sneezing; chilliness and heat alternating; inflamed eyelids, glued together at night or in the morning; dryness of the mouth and throat; oppression of the chest; weakness and general prostration; worse from draught of air or dust; dry, deep, hollow cough, almost constant day and night, with irritation of the larynx, accompanied by stitches which seems to proceed from the pit of the stomach to both sides of the chest.

Grindelia robusta.—The use of this remedy is as yet empirical. I have used it but very little and with no satisfactory results in hay fever or hay asthma. It has been found to produce "a suspension of respiration" which awakened the prover from sleep. There is accumulation of tenacious mucus in the bronch-

ial tubes, with difficult expectoration; oppression of breathing and asthma.

Ambrosia artemisiifolia.—If the hair of the dog is good for the bite, then this remedy, according to the exclusive pollen theorists, should be *facile princeps*. The published symptoms are similar to those of hay fever, as given in the *materia medica*.

Nux vomica.—The use of the remedy in hay fever was written of as early as 1852, in the *North American Journal of Homœopathy*, vol. 2, page 395. The indications for its use are:—sneezing; profuse fluent coryza; nose stopped up at night and dry, but fluent coryza during the day; eyes itch and burn; dull frontal headache; loss of appetite; bad taste in the mouth mornings; chilliness and heat alternately, especially morning and evening; heat of the head and face; constipation; hemorrhoids; in the asthmatic form, with the occurrence of violent paroxysms of coughing in the evening after lying down, and especially if the expectoration is absent or scanty and tenacious.

Gelsemium sempervirens.—Often gives relief at the time of the premonitory symptoms. It is of excellent service in the outset of a cold in the head. There is sneezing, tingling and obstruction of the nose; fluent coryza; watery corrosive discharge; pain in the back of the head; sneezing in the morning on first getting up; profuse lachrymation. Drs. Lippe and Hale give as its key-note, "violent sneezing in the morning." There are no reported cures by its use, and as a curative agent it has proven to be more theoretical than practical.

Mercurius sol. Hahn.; Mercurius dulcis; Mercurius sublimatis corrosivus and Mercurius protoiodatus.—Frequent sneezing, with swelling, redness and soreness of the nose; acrid, excoriating discharge; pains in the head, face, ears, teeth and extremities; violent, racking, unceasing cough, worse at night; chilliness with slight fever; tongue heavily furred; profuse non-alleviating sweat; burning in the posterior nares; mucus of an unpleasant odor; aching, itching and burning of the eyes, chiefly in open air; lachrymation, glueing the eyelids together; thirst; heat is uncomfortable, but patient cannot bear cold air. *Mercurius protoiodatus* is the one generally preferred, on account of its marked action in diseases of the nose and throat, and because of its being more suitable to the conditions that cause hay-fever.

Aurum metallicum and Muriaticum.—Itching of the nose; constant sneezing, fluent coryza or stoppage of the nose; the eyes become

involved by itching and photophobia; especially worse in sunlight; sneezing worse from effects of sunlight; the nose and eye symptoms are worse in the morning, better from midnight to morning; morning asthma; face blue; palpitation of the heart; suffocative attacks, with spasmodic constriction of the chest. Several writers have reported good results from its use, but no absolute cures have been reported.

Natrum muriaticum.—Sneezing, worse when undressing at night, or on rising in the morning; excoriating, watery discharge from the nose, with sensation of squirming in right nostril as of a small worm there; bland discharge from the eyes; they smart when reading; smell acute. Dr. Hawkes, (*Clinique*, Vol. I, 1880, page 94), reports the cure of a case of hay fever of eighteen years' standing with *Natr. mur.* 200, a powder every night for four nights. The history of the case showed that asthma supervened upon the suppression of a severe attack of fever and ague with large doses of Quinine. There was no history of asthma in the family. The chills were tertian and appeared at 10 A.M., but under the influence of Quinine came irregularly. The lips and around her mouth were so thickly covered with fever blisters that she could not eat, speak, or use her mouth in any way without great difficulty and pain. There was a marked desire for salt. The examination of the patient elicited: "Constant and distressing sneezing and coughing; nose 'stuffed' or 'running' all the time; cannot lie down from 8 P.M. to 5 A.M., on account of distressing dyspnoea; sits up and smokes Saltpeter and Stramonium all the night in order to get breath; cough distressing and constant; great soreness in the chest; appetite poor; much headache; cannot be in a room where dusting or sweeping is going on; cannot walk in the street when dust is flying; the least dust of any kind distresses her and makes her gasp for breath. Her worst time is during the month of November. This had been her condition during the fall month for eighteen years. She left home for relief nearly every season. Sometimes she experienced partial relief; other times none. *She still desires a great quantity of salt with her food.*

The doctor concluded "that the cause of the 'hay fever' was the maltreatment of the intermittent fever eighteen years ago, and that the remedy indicated for the patient while suffering with that disorder was the one indicated in the present condition," and that "the symptoms indicating the remedy were: The time of the chill, 10 A.M.; the profuse eruption of fever

blisters, and especially *the craving for salt*, which was still present." The prescription was given Sept. 7th, 1879, and on Sept. 29th, 1879, the patient reported, "entirely free of all former symptoms of her old enemy and cured."

The doctor claims that "this case tends to prove the truth, that hay fever is as amenable to treatment by the indicated remedy as are other diseases." Being desirous of knowing the *ultimatum* of the treatment in this case, I wrote Dr. H. Sept. 21st, 1887, and received the following, dated Sept. 29th, 1887. "In reply will say that the case of hay fever reported as cured with *Natr. mur.* 200, remained well for that season; but that she was ill again the next season with the old trouble, although not quite so severely as on former occasions. *Natrum mur.* did her no good the second season, and the patient was so discouraged, she did not give me an opportunity of trying further for the remedy. This was the only satisfactory case of this annoying disease I have had. As a rule they do not give us an opportunity, being, as they are, under the impression that there is no relief from it, except change of climate. My view of it is that the predisposing cause of these cases is psoric, and that they are to be treated homœopathically, just as we treat all others, according to the totality of the symptoms."

We have in the above reported cure, not a permanent cure, but a palliation or cure of the existing attack, and no prevention of future attacks. With a true conception of the etiology and pathology of hay fever, Dr. Hawke's views and treatment will change. A strict reliance upon symptomatology alone, in the treatment of hay fever, will cause many failures. The above is a fair illustration of some of the reported cures, and about the purport of the replies to inquiries concerning reported cures and the theories of the causes of the disease.

Calcareo carbonica.—Dr. W. S. Gee, (*Homœopathic Physician*, Vol. IV, 1884, page 355), reports the cure of a case of hay fever, of ten years' duration, with *Calcareo carb. mm.* In reply to my letter of inquiry, he says: "The case reported in the *Homœopathic Physician* is mine. The disease returned the next year, but not so hard. I have treated others with relief, but in the main they are unsatisfactory to deal with. I believe the "psoric" miasm is at the base in every case, and must receive treatment as for any chronic disease." Comment is unnecessary.

Lobelia inflata.—Hay asthma. The attack is preceded by a prickling, nettle-like sensation all over; little or no cough.

Moschus.—Hay asthma in persons of a nervous, irritable, or hypochondriac temperament; violent constriction of the throat, without cough; can't sleep during the whole night.

Pulmo vulpis.—Von Grauvogl used a first centesimal trituration as a remedy in an old subject suffering with asthma humidum, and met with brilliant success.—(*Arndts' System of Medicine*, Vol. I, page 315.)

The venerable S. A. Jones, M.D., (*American Observer*, Vol. II, 1874, page 632), gives some valuable hints, as well as the results of his experience and that of others, in the use of this medicine. This article and the reported cure are well worth reading, but too long to report here.

Camphor.—"First cent. trit., has been followed for some hours after each dose by decided amelioration.—(W. H. Holcombe, *U. S. M. and S. J.*, Vol. VIII, page 180.)

PROCEEDINGS OF THE ILLINOIS STATE HOMŒOPATHIC MEDICAL ASSOCIATION.

[The following was crowded out of the last issue of THE MEDICAL ERA.]

BUREAU OF SURGERY.

THURSDAY, MAY 17TH, 1888. 9 O'CLOCK A. M.

Dr. Geo. F. Shears, of Chicago, read a paper entitled, "The Treatment of Congenital Talipes Equino Varus."

Dr. W. F. Knoll, of Chicago, read a paper entitled, "A Method for the Radical Cure of Hernia."

Dr. H. P. Skiles, of Chicago, read a paper entitled, "Orificial Work in Children."

Dr. W. O. Cheeseman, of Joliet, Illinois, read a paper on "Anchylolysis."

BOARD OF CENSORS.

The Board reported the following applicants: Dr. A. B. Spach, of Chicago; Dr. Helen M. Hefron, of Washington Heights. It was moved that the report of the Board of Censors be accepted, and that applicants be elected members of the society.

The motion, being duly seconded, was carried.

Dr. A. B. Spach, of Englewood, read a paper entitled, "The Treatment of Fractures of the Upper Extremity."

Dr. W. D. McAfee, of Rockford, Illinois, read a paper entitled, "A Radical Cure of Malignant Lymphoma by Static Electricity."

Dr. M. J. Bleim, of Chicago, read a paper, to take the place of a paper to have been read by

Dr. E. H. Pratt, of Chicago, entitled, "Stone in the Bladder."

Dr. Henry Sherry, of Chicago, read a paper on "Fracture of the Skull."

It was moved and seconded that the discussion of the Bureau of Surgery be closed at 11 o'clock.

DISCUSSION.

Dr. Henry Sherry:—Mr. President: I want to say a word about the Bureau of Surgery. It may be that the members of this Bureau want to crowd the other department. But the fact of it is, that so far as homœopathy is concerned in this city, it depends upon the fact that some of its men have done good surgical work. Now, there is not enough attention paid to the department of surgery. Every year the Bureau of Surgery has been crowded to the wall, and the time has been taken up in the discussion of little details, local applications and so on, that are entirely out of place, it seems to me, and I object to this. What I object to most emphatically, as Chairman of this Bureau, is to being crowded out in the amount of time. We are to be limited now to 11 o'clock. We were crowded out of our time yesterday afternoon, and I wish to go on record as emphatically opposing the motion that has been made.

The President: The discussion commences, I believe, on Dr. Shears' paper.

Dr. Sherry: I consider Dr. Shears' paper a very classic one, and I trust it will receive the attention from the medical profession which it properly deserves. It is well prepared,—and it requires time to present and prepare a paper of that kind. I know this from personal experience in the matter.

Dr. Geo. F. Shears: I would like to say a word about Dr. Knoll's paper, a simple operation for the radical cure of hernia. I would say that I made that operation, although I did not know that the Doctor had originated it himself; but it is one that seems to me very desirable; it is a simple one, and it strikes at the root of the matter; it brings together the columns and gives them union. Those cases in which I have made operation have not been severe cases, have not been bad cases of hernia; but they have been ones in which we desire radical cure, and in about one-half of the cases good results have been obtained. I have seen a number of Dr. Hall's operations. He has operated many times in a way very similar to that described by Dr. Knoll, and, I think, with probably a favorable result in 50 to 75 per cent of the cases.

Dr. Henry Sherry:—Mr. President: I don't see anything original in the method that has been described by Dr. Knoll. I have operated in that way, with but slight variation, in a number of cases, for several years past.

BUREAU OF DISEASES OF CHILDREN.

Dr. R. N. Tooker, of Chicago, read a paper entitled, "Post Diphtheritic Paralysis."

Dr. M. J. Hill, of Sterling, read a paper entitled, "Thoughts."

Dr. F. W. Gordon, of Sterling, read a paper entitled, "Children and Hygiene."

BOARD OF CENSORS.

The Board of Censors reported the following applicants: Dr. C. T. Bassett, of Chicago, and Dr. R. R. Touser, of Chicago.

It was moved that the report be accepted, and the applicants elected members of the society.

The motion, being duly seconded, was carried.

It was moved that the discussion of the papers now before the society be continued until completed, and that no recess be taken.

The motion, being duly seconded, was carried.

REPORT OF COMMITTEE.

Dr. L. C. Grosvenor, of Chicago, Chairman of the Committee on the President's Address, made the following report:

The Committee on President's Address would respectfully submit the following report:

We hereby express our admiration and hearty approval of the able and exhaustive manner in which the various subjects were presented. We believe it highly important that early and wise action be taken to carry into effect the various suggestions therein contained. To the end that the rank and file of the profession be abreast of the times in these matters, we would recommend that 2,000 copies be printed for gratuitous distribution among the profession.

L. C. Grosvenor, Chairman; F. W. Gordon and M. C. Sturtevant.

Dr. L. C. Grosvenor:—Mr. President: I would like to say a word about this resolution, and on behalf of those who have the President's address in hand. Those who heard the address were delighted with the manner in which the various subjects were handled, but the subject of medical education was one of such great importance to us who are interested in building up and maintaining the character of the medical

profession, felt that the suggestion was of unusual value, and we feel that if in the selection of our students to send to medical colleges, we take men of character, men of culture, and men of refinement, just as far as we can, and discourage those who are illiterate, we will do a great deal to elevate the character of the profession. The suggestion seems very prudent and very wise. And it seems very desirable that the largest number should be men of character, men of reputation, and men of scholarly habits.

Dr. C. E. Lanning, of Chicago, read a paper entitled, "Anatomy in its Relation to the Practice of Medicine."

It was moved that the paper be referred to the committee on publication.

The motion, being duly seconded, was carried.

Dr. Henry Sherry:—Mr. President: I would like to make a motion, and that is that the Bureau of Anatomy be united with the Bureau of Surgery.

The President: You will have to put that in the form of a resolution.

Dr. Gatchell, of Chicago:—Mr. President: I believe I can solve the problem that has come before the society, by introducing a resolution which I hold in my hand. The committee on resolutions has had this under consideration, they report it favorably, and recommend its adoption by the Association. The resolution is as follows:

Resolved, That the President appoint each year a committee of three, who shall be called "Committee of Finance and Management," and whose duty shall consist in the incurring of necessary expenses, auditing bills, having general supervision over the plan of the circular, and arranging such other business connected with the Association as shall not directly come under the supervision of the Secretary or Treasurer.

It was moved that the resolution be received and adopted.

The motion, being duly seconded, was carried.

The Chairman appointed as such committee Dr. G. F. Shears, Chairman; Dr. W. H. Stearns, and Dr. H. M. Bascom, associates.

BUREAU OF SANITARY SCIENCE AND HYGIENE.

Dr. J. E. Gilman, of Chicago, read a paper entitled, "Cremation."

After the election of officers the Society adjourned.

A sixty per cent solution of Lactic acid, for topical application, is the best remedy for tuberculosis of the larynx.

SELECTIONS.

The Treatment of Puerperal Eclampsia.

By S. LILIENTHALL, M.D.

What a blessing it would be for the world at large, and especially for the medical profession, be they allopaths, so-called homœopaths or members of the I. H. A., if they would learn that the essence of homœopathy consists in the principle of similarity, and that the infinitesimal dose is only a corollary which allows here and there exceptions and that a large, even a so-called toxic dose, may be perfectly homœopathic to the case in hand. When Veit and Buehle, men well known by their labors, assert that of seventy cases they lost only two, and even these on account of severe morbus Brightii, we may find it worth while to follow their treatment and save our patient. The soporous and cyanotic state of the patient is the keynote, and we know full well that Opium produces a soporous and cyanotic state. How well Veit individualizes his narcosis! He does not want a chloroform narcosis, he repudiates injections of Hydrate of chloral per anum or hypodermically and insists on Morphia pure and simple, with or without the hot bath and pack, according to circumstances. Our own limited experience is certainly in his favor. We witnessed several cases where chloroform and the A. C. E. mixture failed to be of the least benefit, and we saw one woman die undelivered, though four physicians were in consultation. Never will I forget the case where, in post partum convulsions, the father, a celebrated New York physician, gave up all hopes of seeing his daughter recover; in sheer despair I put two grains of Morphia in one tumbler and ten grains of Quinine in another one; every five minutes I administered alternately a dessert-spoonful, and the woman recovered in spite of the bad prognosis of the father and the other physicians, and till we know a better method to battle with this dreadful disease, let us remember Veit and his successful treatment. *Mach's nach, aber mach's recht nach* and do not mind the largeness of the dose.

Farrington, in his "Clinical Materia Medica," teaches us that in Opium convulsions the face is dark-red and bloated, and that it is the remedy for sudden effects of emotions; retention of urine is another hint, and the more the case approaches a kind of stupor, the more will Opium be the remedy; keeping in mind, how many women dread their approaching confinement, how often they predict even a fatal issue; their nervous system is certainly in a high state of

excitement and convulsions follow, too often with the dreaded fatal result. Let us also look at the renal affection, whose origin we also know to be not only in the brain, but close to the convulsive center, and certainly Veit's treatment to hold down by force this over-wrought nervous center till equilibrium is established, has common sense in its favor, and scientific researches give us the clue to its action.

Guernsey, in his "Obstetrics," page 423, gives the following indications for Opium: Sopor, with stertorous respiration; the stertorous respiration continues constantly from one spasm to the next, and so on; incoherent wandering and convulsive rigidity of the body, with redness, swelling and heat of the face; hot perspiration and insensible pupils; suppression of the pains of labor (too often from a sudden emotional cause) may have been the proximate cause.

Belladonna, Gelsemium and Veratrum viride are a trio, certainly not to be neglected in the study of that unexpected complication, and we acknowledge our indebtedness to the tincture of Gelsemium in a case of uræmic post partum convulsions. It may be probably all wrong to put one remedy and one treatment ahead of all others, but not every physician is a master of our materia medica, and where there is so much danger in delay, especially the young practitioner, far distant from his alma mater and preceptors, will look more hopeful with a treatment which promises success. The symptoms are so clear, that where we have cold sweat, pale face and partial consciousness, nobody would think of Opium. For hysterical and anæmic convulsions, which, though they look dangerous, are not so in reality, we have not only a host of remedies, but time enough to study up the case and select the drug accordingly. The word "convulsion or eclampsia" need not frighten us; but whoever has treated true puerperal eclampsia during labor or post partum, knows the danger and the fatality which attends them. In strict individualization is our only safety. — *Hahnemannian Monthly*.

Inversion and Suspension of the Patient for Syncope.

Dr. J. J. Chisolm, of Baltimore, relates his experience in four cases of sudden arrest of respiratory functions of the heart's action during chloroform narcosis, in all of which life was restored by inversion and suspension of the patient. He says:—

"I feel assured that most of these patients would have died had they been left in the recum-

bent posture, regardless of what may have been done otherwise for the restoration. Fanning, fresh air, water-splashing, spanking, whisky or ether injections, electricity, artificial respiration—all of them the remedies which physicians rely upon—go for very little, provided the patient be left supine. General experience, unfortunately, has too often shown this. In my experience with chloroform, in cases of suspended animation, all of these means for resuscitation are useless, provided the patient be hung up by the feet without any loss of time, so that blood may flow to the anæmic head and heart, and stimulate the nerve-centers before the vital spark goes altogether out. A fire cannot be rekindled by adding fuel if there be no live coals in the grate. Fortunately, suspension of the body needs no preparation or apparatus for its immediate application. It only needs vigilance on the part of the operator. Should fright make him forget his duty, then precious minutes are lost in trying useless remedies, and these precious minutes can never be recalled.

"The lesson which I would impress upon everyone who uses chloroform, sulphuric ether, or the bromide of ethyl for general anæsthetic purposes is, that *prompt suspension, with the head down, is the remedy for suspended animation suddenly coming on during acquired narcosis.*"

Pasteur's Method of Exterminating Rabbits.

The offer of M. Pasteur to exterminate rabbits in some of the English colonies and the sentimental objection to his method, is fresh in the minds of all. His plan was to utilize the infectious and deadly action of chicken cholera poison upon rabbits to rid certain localities of the pests.

Mme. Pommery put at M. Pasteur's disposal an enclosure of eighteen acres, the ground of which was completely riddled by the burrows of rabbits. The workmen estimated that more than 1,000 rabbits came out each day to eat from the boxes of provender furnished them. December 23d, M. Loir sprinkled their food with a fresh culture of the microbe of chicken cholera. In a very few minutes the repast was devoured. The results were as follows: Mme. Pommery writes that on the next morning nine dead rabbits were counted outside the burrows. The second day the enclosure was not visited. The third day thirteen more dead ones were counted and not a single living rabbit was to be seen. Careful watching on subsequent days proved the annihilation of the entire lot. Some burrows were opened and anywhere from two to five dead animals found in each.—*L'Union Med.*

Antisepsis.

Dr. Wm. Tod Helmuth says: "I always use the Staffordshire knot in ligating the pedicle after ovariectomy. The silk I employ is carefully prepared by the manufacturer and then soaked in an antiseptic solution. On two occasions, however, I used the ordinary silk without any preparation, except washing it in clean water, and applied it around the pedicle. One was the removal of the ovaries for fibroids and the other an ovarian cyst of the right side. Now, it may be a coincidence, yet these are the only cases in which I have had sloughing of the pedicle. The sloughing was extensive, so much so that the knots came off and injections spurted out from the abdominal cavity. All the other cases did well where the antiseptically prepared ligatures were used. This is the antisepsis I believe in.

"I believe that you are apt to poison your patient with washing out the abdominal cavity with Bichloride of mercury and other solutions. It certainly does harm in many cases and I do not use them. But in saying this I do not mean to imply that I never use them in the treatment of other wounds, because I do. In open wounds or operations I flush the part with the antiseptic to remove the debris of bone and other materials which may collect during the operation. I spoke only of the serous substances of the abdomen, where, for some time, I have used nothing but hot water. In the cases where the Bichloride is used, it is not a constant irrigation, but an occasional washing to keep the parts in good condition. I do not fill the wound full of Iodoform or other substances and leave them there, but sprinkle the substance over the closed wound before the application of the air-tight dressing.

"I have never seen trouble from the application of the Bichloride to wounds other than of serous surfaces."— *P. and S. Invest.*

**Exploratory Puncture With the Hypodermic Needle
Followed by Fatal Results.**

Dr. H. M. Biggs quite recently made an autopsy and found pneumothorax due, he thought, to perforation with the hypodermic needle. A physician introduced a hypodermic needle on each side for diagnostic purposes. The following morning the patient, about 40 years old, was found dead in his bed. The left lung was the seat of extensive interstitial inflammation, with tubercular foci, and occupying certainly not more than half the space usually occupied by it. The heart was drawn considerably to the left. The right lung had collapsed and lay against

the spinal column and to the left of the median line. The chest cavity was full of air. The right lung was found to be very emphysematous, and when it was inflated under water a pin-hole perforation was discovered at its lower border. Nothing of a pathological nature was found about the perforation and there was nothing further abnormal in the lung, except a few very small tubercular nodules. There was not the slightest trace of inflammation in either the parietal or the visceral pleura on the right side.

Dr. Thacher saw a similar case a few months ago. Pulmonary symptoms developed, and, in order to settle the diagnosis between broncho-pneumonia and pleurisy, the hypodermic needle was inserted on both sides. Within two or three hours intense dyspnoea developed and the child soon died. Both lungs were collapsed and a puncture was found through the lower edge of both at the site where the physician said he had introduced the hypodermic needle. There was a slight amount of broncho-pneumonia.— *New York Medical Journal.*

Sour Milk and Buttermilk in the Nutrition of Invalids and Others.

As the result of an extensive experience in rural practice, Dr. Demuth extols sour and buttermilk as cheap, effective and easily assimilable nutritive agents. Both are easily digested on account of the finely divided condition of the casein and the presence of acids. For infants, the following is especially recommended: one quart of buttermilk boiled with one tablespoonful of wheat flour to the consistency of thin pap.

Buttermilk is useful in all cases where a milk-cure is indicated, and is particularly to be recommended in consumption. Sour milk has shown itself valuable in scrofulosis, neurasthenia, hypochondriasis, in convalescence, in diseases of the organs of respiration and deglutition, chronic catarrh of the air passages, nervous disturbances following excessive or exclusive meat diet, dropsy, albuminuria, and Bright's disease. It is also useful in diabetes mellitus. Both forms of milk are efficacious in chronic metallic poisoning, and inflammatory and febrile conditions, especially in typhoid fever. They are contra-indicated in all ulcerous processes in the alimentary tract—a fact not always considered in ulcer of the stomach, ulcerating cancer, and tuberculous ulceration of the intestines—and dilated stomach.— *Med. & Sur. Reporter.*— *Am. Med. Dig.*

Obstetric Aphorisms.

Never fail to inspect the perineum after labor. If it is torn, have the moral courage to communicate the fact to your patient, and then put it up immediately. The obstetrician who does not inspect the perineum after labor, has no lacerations; but he is the hand-maid to the gynecologist.

Don't knead the uterus immediately after the birth of the child; by so doing you favor hemorrhage rather than prevent it.

Don't attempt to deliver the placenta immediately after the birth of the child unless there is some urgent necessity for so doing, as for instance, post partum hemorrhage.

When the uterus makes an attempt to expel the placenta, assist the effort by grasping the fundus in the hand, and gently pressing it downward and backward.

Don't pull on the cord until the placenta can be felt in the vagina.

After the placenta is expelled, pass your fingers gently into the vagina and up to the cervix, and if portions of the membranes are caught in its grasp, gently loosen and bring them away.

Always inspect the placenta after delivery to see that no part of it has been left in the uterus.

— *Ind. Med. Jour.*

The Vomiting Centre.

Professor Fremas, (*Lancet*) who has been investigating the subject of vomiting, finds that in dogs and cats, section of the medulla at the level of fourth ventricle does not prevent the induction of vomiting by hypodermic injections of Apomorphia. By touching different parts of the medulla with a weak solution of Apomorphia, so as to induce vomiting, he was able to localize with tolerable precision, the situation and extent of the vomiting centre, which, he says, lies in a small space before and behind the calamus, and in the deeper layers of the medulla. He believes that the absence of vomiting, which is observed in ruminants, rodents, and some other class of animals, is due to the absence in them of a vomiting centre, or to the very rudimentary condition in which it exists. In a rabbit on which he tried in every way to induce vomiting, no signs of gastric movement of that nature could be detected.—*Canada Lancet.*

In a patient who had been addicted to the use of Cocaine and Morphine, nearly 600 scars were actually counted on his trunk and limbs made by the hypodermic needle. All of these had been made within the last year, and most of them by his physician.

A Remarkable Suicide.

A man had dined alone with his wife on the evening in question and subsequently was seated with her in the drawing-room, where, as the lady was playing to him on the piano, he destroyed himself in a manner at once unusual and terrible. Heating a thin brass poker to redness in the fire, he forced it several times into the abdomen, no less than four wounds so inflicted being found on the body. The unfortunate wife's attention was speedily called to her husband's condition by the cries involuntarily excited by his intense sufferings, and on witnessing the distressing nature of the cause which gave rise to them, the poor lady immediately fainted and was found in this condition by the servants attracted to the room by the man's groans. After some hours of intense suffering the unhappy suicide succumbed to the injuries he had inflicted on himself. Such a mode of suicide is almost unique in the history of medical jurisprudence.

THE *Western Druggist* tells the following, illustrative of the power of mind over body: "Late-ly a man was taken to a Buffalo hospital, suffering intense pain. He told the doctors he had swallowed his gold plate containing four teeth. Hourly he grew worse. After being in the hospital four days, it was decided that it would be necessary to remove the foreign body by an operation. At last his sufferings so diminished that a little steak was given him. As soon as the patient had swallowed a mouthful he writhed in agony. So great was the increase of his sufferings that he declared he would die if an operation were not performed instantly. He described minutely the sensation experienced by the slipping down his throat. Then, placing his hand upon his stomach, he groaned forth, "I feel it right here, Doctor." So great was his agony that the attendants could scarcely keep him in bed. But just as the surgeon was about to commence, a telegram was handed the patient. It read: 'Found teeth under bed, come home.' The suffering man got up, dressed and paid his bill. He could not understand what made the nurses and doctors laugh."

Typhoid Fever.

At the meeting of the Michigan State Board of Health held at Lansing, Professor Vaughan reported a successful experiment of product in a cat of a disease similar to typhoid fever in the human family, by the use of the germs found in the water used by the 300 victims of the scourge at Iron Mountain, Michigan.

The Use of Oxygen.

Oxygen will be found to be of service in the following classes of cases :

First.—Those in which, from some obstruction in the air passages, an insufficient supply of oxygen is allowed to enter the lungs, as in croup, constriction of the larynx or trachea, asthma, accumulation of mucus in trachea or bronchi during coma or severe bronchitis.

Second.—Where the lung is consolidated, either by pneumonia or tubercular deposit, or in a state of atelectasis, or compressed by pleuritic accumulation, so that only a portion of the lung is pervious to air.

Third.—Cases of blood poisoning, as by opium, chloroform, uremia, etc.

Fourth.—Cases of anemia, as auxiliary to appropriate internal medication.

Fifth.—Cases where it is desired to stimulate the capillary circulation, whether of the skin, as in certain skin diseases, and indolent ulcers, or of the intestines when ulcerated, as in dysentery and typhoid fever.

Thus we see that in a large proportion of cases oxygen may be of service, and it would, no doubt, be much more frequently used if we had some convenient mode of generating and administering it.—*Medical Times*.

The Perspiration.

The perspiration is more concentrated on the right side of the body; this observation is in accordance with that of Reinhardt; it would be interesting to know whether the opposite was the case in the left-handed. The palm of the hand sweats four times more than the skin of the chest, and the cheeks one and a half times as much. There is a slow increase in the sweat in the afternoon, especially obvious from 8 to 12 o'clock at night. After midnight there is a diminution. Feeding has but little influence on this function. Elevation of the surrounding temperature increases the perspiration, and variations of the hygrometric state of the atmosphere have an immense influence on the function. The quantity of water evaporated in a quarter of an hour from a cutaneous surface 25 centimeters square, in a normal individual, is about 1.76 of a gramme. In infants the quantity is generally less than in adults. The weight of the body and sex have no influence on the perspiration.—*Lancet*.

Transverse Marking of the Nails as an Indication of Previous Disease.

After showing to his class a case of acute pneumonia of the apex going on to abscess, Dr. Longstreth continued: It is interesting to watch the history of the case as recorded upon the finger nails. When I look at this patient's nails, I see on each of them a distinct ridge, showing that the portion of the nail which has grown since the acute attack is much thinned out. The nails show that this disease came on acutely, as would occur in a pneumonia, and that the softening has resulted from this and not from a tubercular process. This is the only element which gives us any hope in this case.

Here is another man in whom an acute double pneumonia occurred a few weeks ago. You see on his finger nails the ridge showing the acuteness of the attack. This is quite distinct, and is seen on all of the nails. These marks are very interesting and tell us a perfectly straight story. They will remain for at least two years. If a person tells you that he has broken his arm within eighteen months, you will see the ridges on the nails of the hand of the affected side, while they will be absent on those of the other side. If you are told that a patient has had typhoid fever, look at his nails, and if the statement is correct, you will find the ridges. The more acute the illness, the sharper will be the ridge. When the illness comes on, the nutrition of the body, including that of the nail, ceases. We all know about the hair falling out after a disease like typhoid fever. It only begins to fall after the growth has recommenced and the hair is coming up out of the follicle. The nail is a much more enduring evidence of disease. If there has been an acute rheumatism coming on within a few hours, with a temperature of 104° or 105°, the nail will be cut down sharply. I have seen nails looking as though they had been cut across. In typhoid fever, where the disease comes on gradually, there is not such a sharp cutting out of the nail. There will rather be an area of thinning, which will not be seen until the nail grows beyond the white mark at its base. I first observed this condition in my own finger nails, in 1870. I had at that time relapsing fever, which, as you know, is an affection in which there is one week of fever, then a week without fever, followed by a return of the fever for another week, and so on, indefinitely. When I was recovering, I saw that all my nails had white lines across them.—*The Epitome*.

A Baby-Incubator.

We are again indebted to a Frenchman for a clever contrivance, of which we spoke some time since. M. Tarnier has invented a baby-incubator, which he calls a *conveuse*, in which the theories about preserving life in premature children are reduced to a practical accomplishment. This suggestion for promoting and extending viability has been current for some time, but has generally been regarded as more clever than practicable. Few supposed that baby-incubators would ever become a factor in obstetrical work; but that they are fast becoming so is evident from the fact that they are already largely used abroad, and are rapidly coming into use in our own hospitals. By means of the Tarnier *conveuse*, the viability of premature children has been carried back nearly to the sixth month. It is not a very complicated machine, either—a simple incubator with a glass lid, the interior being supplied with heat and moisture. The child is kept in the machine except when it is being washed and fed, when it is kept in a room where the atmosphere and temperature are the same as that of the incubator. A stomach-tube, in the shape of a rubber urethral catheter, is used to accomplish feeding, which consists in the allowance of eight grammes of the best milk available given hourly to a very small child. The whole process is so simple that, in the absence of M. Tarnier's *conveuse*, a suitable incubator could almost be contrived, while we doubt not that the old egg-incubators, of which so many have been abandoned because of the difficulty of caring for motherless chicks after hatching, might well be devoted to this higher use.

— *Medical Register.*

Electricity in Obstetrics.

It is incumbent upon every physician to avail himself of all the resources of his art to save his patient; but if, after faithfully applying all remedies at his command, death snatches his victim, then the physician will have the proud satisfaction of knowing that, as far as he is concerned, he has faithfully performed his duty.

February 16, I was called to see a patient who, as her husband informed me, was bleeding to death. She had been taken suddenly, an hour before the messenger arrived, with pains, and soon afterwards with hemorrhage. On the way, he remarked to me that his wife was forty years of age and the mother of ten children, and at present in the sixth month of her pregnancy. Upon my arrival at his house I felt very much

dismayed. The blood was trickling through the bed and upon the floor. I injected a strong solution of Ergotin, hypodermically, at once, made a quick examination, ruptured the membranes, and found a foot presentation. I delivered immediately and felt the placenta already detached. I now proceeded to give my patient a teaspoonful of fluid extract of Ergot and a small teacupful of strong cider vinegar, hoping the worst had been bridged over. But as there is a calm before the rage of a storm, so it was with my case. A few minutes after delivery, the feeble contractions ceased entirely and the dreaded hemorrhage reappeared worse than ever. Ergot, ice, injections of hot water and Iodine, the administration of strong vinegar, and everything else was tried in succession, but still the hemorrhage continued. The patient complained now of dimness of vision and a feeling of faintness—symptoms which warn us of an approaching crisis. I passed in quick review before my mind the possible resources on hand, and, fortunately, I bethought myself of electricity. Pressing with both hands upon the abdominal aorta, I sent to my office, which was not very far off, for my battery (a Gaiffe). I now applied one pole upon the sacrum, the other over the fundus, and gave my patient the benefit of the strongest current. In a few minutes I felt contractions at the fundus, gradually spreading forward. I continued with slight intervals for nearly an hour. The uterus was firmly contracted; the hemorrhage had gradually lessened, and after awhile ceased entirely. While using the current I still continued pressure upon the aorta. I think it was quite unnecessary, yet I wanted to be on the safe side, as this was my first experience with electricity in a case of this kind. It is needless to say that, by these means only, my patient was saved, and that at present she has nearly recovered from the effects of the loss of blood.

— *Medical Register.* — *The Epitome.*

The Scholar in Medicine.

Dr. Asa F. Couch vouches for the authenticity of the following letter, which he received from a doctor who wanted counsel:

deer Dock—I have a pashunt whos physical sines shows that the windpipe has ulserated off and his lunges hav drop down into his stumick i have given hym every thin without efeckt her fathur is welthy honorable and influenshal as he is member of assembly and god nose i don't want to loos hym what shall i do ans by retun male.

Yours frat.

ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION.

PRELIMINARY ANNOUNCEMENT.

TO THE MEMBERS OF THE ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION:—In accordance with the custom of our Association, the President has instructed me to make the following preliminary announcement:

The thirty-fourth annual meeting of the Association will be held in the city of Sterling, Ill., in the month of May, 1889, at a date yet to be determined by the Executive Committee.

At the last meeting, held at Central Music Hall, Chicago, May 15, 16, 17, 1888, the following resolution was adopted:

Resolved, That the President appoint each year a committee of three, who shall be called "Committee of Finance and Management," and whose duty shall consist in the incurring of necessary expenses, auditing bills, having general supervision over the plan of the circular, and arranging such other business connected with the Association as shall not directly come under the supervision of the Secretary or Treasurer.

The committee for the current year consists of G. F. Shears, M.D., Chairman; W. H. Stearns, M.D., and H. M. Bascom, M.D., associates.

Following is a list of Chairmen of Bureaus:

J. A. Vincent, M.D., of Springfield,—Medical Legislation, Jurisprudence and Education;

A. A. Whipple, M.D., of Quincy,—Obstetrics;

C. W. Harback, M.D., of Lockport,—Sanitary Science and Hygiene;

C. H. Vilas, M.D., of Chicago,—Ophthalmology and Otolary;

F. W. Gordon, M.D., of Sterling,—Materia Medica;

F. O. Pease, M.D., of Morgan Park,—Pathology, Physiology and Histology;

S. P. Hedges, M.D., of Chicago,—Diseases of Women;

J. B. Dunham, M.D., of Wenona,—Clinical Medicine;

H. B. Fellows, M.D., of Chicago,—Neurology and Psychology;

W. F. Knoll, M.D., of Chicago,—Surgery.

M. J. Hill, M.D., of Sterling,—Diseases of Children;

T. S. Hoyne, M.D., of Chicago,—Necrology and Statistics.

It is urged that all chairmen give early attention to the work of their respective bureaus, to the end that no hasty reports shall be made at the last moment before the meeting of the Association.

All correspondence should be directed to the Secretary.

A. B. SPACH, M.D., SECRETARY,
6310 Wentworth Av.,
Chicago, Ill.

THE TREATMENT OF ULCERS.—An article appeared in the *London Medical Record*, for December 15, 1887, giving interesting details of the treatment of ulcers by phosphoric acid, as shown by the experience of Dr. Grossich. By this method of treatment, he used a ten per cent solution of pure phosphoric acid in distilled water. The ulcer is covered with a bit of lint dipped in this solution, and the dressing renewed three or four times a day. The patient for the first few minutes feels a slight burning sensation, but this soon passes, and within twenty-four or thirty-six hours the ulcer cleans and looks better. Inflammation or eczema of the surrounding parts disappears, and all pruritus ceases. The ulcer cicatrizes rapidly, and the cicatrix is firm and healthy.

Kollischer treated tubercular affections of the joints with injections of the phosphate of lime, with great success. Dr. Grossich has also had good results with this treatment, and cites some very interesting successful cases.

The treatment by the solution of phosphoric acid was further employed in a case of tuberculous abscess of eight months' duration, and also a case of eczema marginatum which had lasted more than a year, and good results followed.

The above suggests the superiority of Horsford's Acid Phosphate as a substitute for the phosphoric acid.

The effective acidity of this preparation is about the same as the ten per cent solution of phosphoric acid which is prescribed in the above treatment, and it may therefore be justifiably employed by the profession in the treatment of disorders of this character. It has the advantage of containing the phosphates in solution, notably the phosphate of lime. It follows, then, that all cases that require the phosphoric acid treatment can be more advantageously treated by Horsford's Acid Phosphate, and the suggestion is hereby commended to the profession.

Old Lady (to grocer)—"My daughter is quite an invalid, sir, and wants some nice fresh eggs."

Grocer—"Yes, ma'am. (To boy): James, show this lady those invalid eggs."—*The Epoch*.

MISCELLANY.

New York.

The commencement exercises of the N. Y. Homœopathic Medical College and Hospital was held in Chickering Hall, New York City, on the afternoon of Friday, April 13, a large audience, music and a fine class making the occasion a brilliant one. The Dean, Prof. Allen, made the opening address, in which he spoke of the flattering prospects of the College. Hon. Rufus B. Cowing, and Rev. Dr. Bowles also made admirable speeches. The prizes were presented by Prof. Malcolm Leal, President of the Faculty. Forty-eight members composed the graduating class.

The work on the new college and hospital buildings will be commenced during the month of May. It is expected that the new college building will be ready for occupancy at the opening of the session of 1889.

Ohio.

The Homœopathic Medical Society of Ohio met at Delaware, O., May 8 and 9. Officers for ensuing year :

C. E. Walton, M.D., President ; C. L. Cleveland, M.D., First Vice-President ; Frances J. Derby, M.D., Second Vice-President ; Frank Kraft, M.D., Secretary ; H. Pomeroy, M.D., Treasurer ; C. D. Crank, M.D., Assistant Secretary ; H. E. Beebe, M.D., Chairman Board of Censors.

Meet at Cincinnati, O., second Tuesday in May, 1889.

Kentucky.

The Homœopathic Medical Society of Kentucky met at Frankfort on the 16th and 17th of May, with an unusually large number of physicians in attendance. The papers read were thoughtful, and a credit to the authors and to homœopathy in general.

The following officers were elected : President, Dr. C. P. Meredith ; Vice President, Dr. H. C. Kehoe ; Corresponding Secretary, Dr. Howard Crutcher ; Recording Secretary, Dr. A. C. Jones ; Treasurer, Dr. J. A. Vansant.

The next meeting will be held at Louisville in May, 1889. All papers and communications should be addressed to

HOWARD CRUTCHER, M.D.,
Corresponding Secretary,
Louisville.

It Makes a Difference.

"It's mighty easy ordering when you please
Infusi sennæ capiāt uncias tres;
It's mighty different when you quackle down
Your own three ounces of the liquid brown.
Pilula, pulvis, — pleasant words enough,
When other throats receive the shocking stuff;
But oh, what flattery can disguise the groan
That meets the gulp which sends it through your
own!"

THE next meeting of the AMERICAN INSTITUTE of HOMŒOPATHY will be held at Lake Minnetonka, Minn., in June, 1889.

Nux and Sulphur.

The following treatment has been suggested for Dr. Southworth's case, May number, page 150.

Nux vom., 30x, a dose at bed-time for two weeks. This to be followed, if necessary, with one dose of Sulphur 200 or higher, then to wait patiently for clear-cut indications of some remedy before prescribing again.

The few symptoms given in Dr. Taylor's case, page 150, are not sufficient for a homœopathic prescription. C.

Wm. R. Warner & Co., have issued a notice to physicians denouncing certain reports which have been circulated to the effect that they were connected with the firm of H. H. Warner & Co., of Rochester, who make the so-called "Safe" remedies. Wm. R. Warner & Co's. goods are pure pharmaceutical preparations, made for the profession only.

The uncertain strength of Coca leaves makes this drug very unreliable, unless a preparation is used which we *know* to be made from a good leaf. "ROBINSON'S WINE COCA" is prepared by percolating *assayed* Coca Leaves with Malaga Wine, and has always been found entirely satisfactory.

LACTATED FOOD has shown itself to be a reliable preparation as a food for infants during the summer months. It contains no starch or cane sugar, and possesses the highest value in nutrients.

Dr. Eustace Smith, of London, physician to the Children's Hospital, and author of "Wasting Diseases of Infants and Children," says: "Mellin's Food is by far the best of any with which I am acquainted. It seems to agree equally well with children, whether they are healthy or diseased."

NESTLE'S FOOD requires no milk in its preparation, and is very effective in the prevention of cholera infantum. It is especially suitable for infants in hot weather.

ATKINSON'S BATTERY for the production of Static Electricity, can be had at Gross & Delbridge's, 48 Madison St.

PERSONALS.

Dr. W. F. Hobart has located at Gross Park, Ill., corner Wood and Melrose Streets.

Dr. A. B. Spach has been appointed Demonstrator of Anatomy in the Chicago Homœopathic Medical College.

Dr. T. H. Williams has located at Plymouth, Wis.

Drs. C. M. and L. C. Koier have moved their office to the north-west corner West Division and Milwaukee Ave., Rooms 8 and 9.

Dr. James E. Lilienthal has his office with his father, Dr. S. Lilienthal, at 1316 Van Ness Ave., San Francisco.

El célebre doctor Hale tambien estuvo en esta Capital; el Instituto tuvo la pena de no poder darle la bienvenida y de no verse honrado con su presencia, debido al corto tiempo de su permanencia entre nosotros. — *La Reforma Medico*.

REININGER — TRAVER. Dr. E. E. Reininger and Miss Nettie Traver, both of Chicago, were married June 12th. At home Thursdays after June 27th, 1093 Taylor St.

EDEN MUSEE.—At the Eden Musee, which was opened Friday, June 15th, one of the most natural groups in the entire exhibit is that of a father holding a child on his lap, and a physician standing by feeling the little one's pulse. It is well worth a visit.

FOR SALE.—Residence and business in a beautiful summer resort town in Michigan. Address "M.D.," care of MEDICAL ERA.

PATTERNS.—In answer to several correspondents, we take pleasure in informing them that the "Gertrude Patterns" can be obtained by sending \$1.00 to Dr. L. C. Grosvenor, 185 Lincoln Ave., Chicago, Illinois.

George Kennan's Siberian paper in the July *Century* will be called "The Steppes of the Irish," and it will include an account of a long ride in an out-of-the-way part of Siberia, among the Kirghis and the Tartars.

NOT FOR SALE, BUT GIVEN AWAY.—A first-class general practice in a town of 2,000 inhabitants in Western Ill. No competition. Homœopathy well established.

This is a rare chance for some pushing man. Good reasons given for leaving. Call on or address,
COBURN BADGLEY, M.D.,
Astoria, Fulton Co., Ill.

A GREAT POPULAR CYCLOPEDIA.—The third volume of Alden's *Manifold Cyclopedias*, a marvel of condensed information, covers the alphabet between the titles *Artemisia* and *Baptisia*. There seems to be little doubt that it will prove to be the great popular Cyclopedias for the next score of years, at least. The embodiment of an Unabridged Dictionary of Language and a complete Cyclopedias of Universal Knowledge in one work, in large type, with thousands of illustrations, and all for a price less than people have been used to paying for a dictionary alone, is not only a novelty in plan, but, to the ordinary book-buyer, the fact is hardly less than astounding.

The publisher, John B. Alden, 393 Pearl St., New York, or Clark and Adams Sts., Chicago, will send specimen pages free to any applicant, or a specimen volume (which may be returned if not wanted) in cloth for 50c., or half Morocco, 65c.; postage 10c. extra. The set of thirty volumes is offered at considerably reduced prices to early subscribers.

It Brings the Funeral.

Faith Curist — "Why don't they try the faith cure on General Sheridan?"

Skeptic — "I suppose the principal objection is that where the faith cure is tried the funeral follows so quickly after the complete recovery."
— *Texas Siftings*.

SCRIBNER's for July has the usual variety for summer reading, and *St. Nicholas* maintains its superiority over all other magazines for the young.

Foreman.—"In what column shall I put the account of the man who fell and broke his backbone?"

Editor.—(Busy writing a leader) "Spinal column, of course."

New Line to Cheyenne.

The new extension of the Burlington Route to Cheyenne, Wyoming Territory, having been completed, the C., B. & Q. R. R. is now running a through sleeping car from Chicago to Cheyenne, via Omaha, leaving Chicago daily at noon on the "Burlington Number One" fast train. For tickets apply to any coupon ticket agent of its own or connecting lines, or address Paul Morton, Gen'l Pass. and Ticket Agent, C., B. & Q. R. R., Chicago.

THE NORTH AMERICAN JOURNAL OF HOMŒOPATHY will be sent on trial for three months *gratis*, to any one sending their address to 152 West 34th Street, New York, and mentioning THE MEDICAL ERA.

BOOK REVIEWS.

A SYSTEM OF OBSTETRICS. By American Authors. Edited by Barton Cooke Hirst, M.D., Associated Professor of Obstetrics in the University of Pennsylvania. Volume I. Illustrated with a Colored Plate and 309 Engravings on Wood. Philadelphia: Lea Brothers & Co. 1888.

This is the first volume of a work which the well-known house whose imprint it bears is issuing as a companion to Mann's "American System of Gynecology." Like the latter, it is a composite treatise, each separate subject being prepared by some author whose study and experience has especially fitted him for the task. Those who are represented in the present volume are Drs. S. C. Busey, Geo. J. Engelmann, Barton Cooke Hirst, W. W. Jaggard, H. Newell Martin, Theophilus H. Parvin, R. A. F. Penrose, and J. C. Reeve.

This volume carries the reader through the usual preliminary chapters, through the conduct of normal labor, the dystocia, the use of anæsthetics in labor, and anomalies of the forces in labor.

This system must take its place among the standard works on obstetrics. It is the only composite systematic treatise on the subject ever published in America, and will be welcomed by all American physicians.

A REPERTORY OF GONORRHOEA, with the Concomitant Symptoms of the Genital and Urinary Organs. Compiled by Samuel A. Kimball, M.D., I.H.A. Boston: Published for the I. H. A., by Otis Clapp & Son. 1888.

There was much good paper spoiled when this book was printed. If the pages had all been left blank, it would make an excellent note book, either for pencil or ink. As it is, probably the best purpose to which it can be put is to use it as a scrap-book.

ESSENTIALS OF CHEMISTRY AND TOXICOLOGY. For the Use of Students in Medicine. By R. A. Witthaus, A.M., M.D., Professor of Chemistry and Physics in the University of New York, etc. Second edition. New York: William Wood & Company. 1888.

This work is written in the question and answer style throughout. It is well adapted to the student's use, either for class-room purposes, or preparatory to an examination. It is clear, concise and exact.

PRACTICAL CLINICAL LESSONS ON SYPHILIS AND THE GENITO-URINARY DISEASES. By Fessenden N. Otis, M.D., Clinical Professor of Genito-Urinary Diseases in the College of Physicians and Surgeons, New York. Second Student's Edition. New York: G. P. Putnam's Sons. 1888.

No American physician is better qualified than the author of this volume to write on the subjects involved. His experience as a teacher and as a clinician has been very great, and he has long been looked upon as an authority in his specialty.

Prof. Otis' well-known views regarding the nature of the syphilitic virus, first promulgated in 1868, are here given in full. In the matter of treatment, he is conservative and "rational." Mercury, in small doses, he looks upon as the "specific." He deprecates the use of injections in the inflammatory stage of gonorrhœa, and gives in chapter xliii. his method of treatment, which must appeal to the good sense and judgment of all.

Those who have to treat "the venereal" will find this book a valuable aid.

THE PATHOLOGY, DIAGNOSIS AND TREATMENT OF THE DISEASES OF WOMEN. By Graily Hewitt, M.D., London, F.R.C.P., Professor of Midwifery and Diseases of Women, University College, and Obstetric Physician to the Hospital. A new American from the Fourth Revised and Enlarged English Edition. Edited by H. Marion Sims, M.D. E. B. Treat, Publisher, 771 Broadway, N. Y. 1888.

These volumes constitute the 7th, 8th and 9th in the series of medical classics published by E. B. Treat, of New York. At the present time, when numerous works on gynecology are being given to the profession, it is well that the great English specialist should be represented. The author, in the preface, says: "Ten years have elapsed since the last edition of this work was published. What I have gained from observation and experience during these ten years has been here faithfully and truly set down. The greater part of this new edition has been rewritten." Dr. Sims has given the work a thorough revision, freely criticising, and commenting on the author's views, and making many valuable additions in the text and illustrations.

THEY SAY

THAT hunger is never delicate.

THAT alcohol is the great degenerator.

THAT many dishes bring many diseases.

THAT death is not horrible to the dying.

THAT man's great enemy is his stomach.

THAT there are 150 lepers in this country.

THAT the proper pronunciation is *ec-ze-ma*.

THAT a glutton digs his grave with his teeth.

THAT typhoid fever is absolutely preventable.

THAT adults never have ringworm of the scalp.

THAT syphilis in the young is a serious disease.

THAT syphilis of old age is a very slight affection.

THAT *eczema* is not properly pronounced *ec-ze-ma*.

THAT acne is not cured in a day, nor pemphigus in a week.

THAT it is no compliment to call a man "poor, but honest."

THAT lupus is a specific disease, and is not due to syphilis.

THAT eggs can go through a process of true inflammation.

THAT papular syphilis is not "syphilitic psoriasis."

THAT woman's first reform should be in her own attire.

THAT the prudent man will not be misled by blind enthusiasts.

THAT it is not a crime to express one's thoughts, but sometimes it is very imprudent.

THAT now-a-days a man never gets drunk; he simply "over-estimates his capacity."

THAT for every death from small-pox in the last thirty years, there have been six from scarlet fever.

THAT for the last thirty years, for every death from cholera, there have been twenty-two from typhoid fever.

THAT one of the greatest causes of trouble in this world is the habit some people have of talking faster than they think.

THAT a woman in Kentucky has a circular hole in one of her eyelids, through which she can see when both her eyes are closed.

THAT the Chinese suffer but rarely from typhoid fever, because their universal custom of tea-drinking prevents their taking unboiled water.

THAT there is a club in New York composed entirely of men who have organic heart disease; they have named it "The Sudden Death Club."

THAT there are 60,000,000 people in the United States, and 90,000 doctors, while in Russia there are 100,000,000 people, and only 5,000 doctors.

THAT saccharin is two hundred and fifty times sweeter than sugar, and we know a girl who is two hundred and fifty times sweeter than saccharin.

THAT it is bad enough for a small boy to throw a banana peel on to the sidewalk, but it is worse for a banana peel to throw a large man on to the sidewalk.

THAT cancer is a disease of the most highly civilized, the most cultured, the wealthy, and of localities which are the most salubrious. It is not hereditary.

THAT our office boy wants to know why it is that men always have their clothing made to button from left to right, while women button theirs from right to left.

THAT an old plantation darkey treated fracture of the femur with alum and resin, given internally — "alum to draw de pieces togedder, an' rosin to sodder 'em."

THAT children born of morphine-eating mothers are practically morphia-eaters, and suffer for want of the drug with which they were supplied during intra-uterine life.

THAT rational treatment for trismus and tetanus neonatorum is the preventive one, and this, in the light of recent discoveries, seems to consist in an antiseptic treatment of the umbilical cord and navel.

THAT Alexander's operation of shortening the round ligaments, it is now generally conceded, is not efficient in cases of prolapse, unless supplemented by the usual operations on the vagina and cervix.

THAT coma from alcoholism is best treated by subcutaneous injections of ammonia, a mixture of one part ammonia with two to six parts water. Under this treatment a comatose patient will sometimes recover consciousness in a few minutes.

THAT woman's dress
Will harm her less
Than drinking wine or gin;
But man's desire
For liquid fire
Will make a corpse of him.

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No. 8.

EDITORS :

CH. GATCHELL, M.D.

JAMES E. GROSS, M.D.

A GALAXY OF FRAUDS.

There are frauds innumerable, but the most damnable fraud of all is that which, in the guise of innocence, conceals a sting. To rob a man of money can sometimes be gracefully done, but to deliberately rob him of his power of self-control requires the vices of a vulture and the depravity of a procuress.

She who offers "Vita Nuova" to a devitalized public is one of these. To those who are trying to free themselves from the use of intoxicants she promises relief, and then draws their bonds the tighter. She tells them that they may overcome their craving for alcohol by drinking the draught which she prepares—and then she prepares a draught of alcohol!

The nostrum which has been so extensively advertised under the name of "Vita Nuova," by a certain MRS. HARRIET HUBBARD AYER, is nothing more or less than port wine. Hence, we are presented with the spectacle of a man who may have been addicted to the use of strong drink, forming the resolution that he will never touch another drop. He grasps at everything which will aid him in his effort. He reads that "Vita Nuova is positively free from alcohol, and is a sure specific for the alcohol habit."

He buys, he drinks, and thus is his old appetite strengthened and his resolution weakened.

By a base fraud and a miserable lie MRS. AYER thus secures another victim.

It has already been told how a man who is known to the world of infamy by the name of DR. H. N. KANE has emulated the example of the "Vita Nuova" woman by offering as a cure for the morphine habit, more morphine. It is estimated that each teaspoonful of his "Scotch Oats Essence" contains one-eighth of a grain of the sulphate of morphine. This he advertises as an antidote for the effects of morphine, and the cure of the morphine habit.

Justice will not be done until this fiend is closely confined, and until MRS. AYER is compelled to devote herself strictly to the preparation of "Madame Recamier's Cream Balm."

Of a less harmful, though equally deceitful record, is the history of "Moxie." The story has all the interest of an oriental tale and all the truth of a campaign lie.

The circular which accompanies each bottle of this wonderful tonic purports to tell how a certain LIEUT. MOXIE—somebody's "dear old friend"—inherited a large fortune from his father and the consumption from his mother. While hunting for health in South America—that land of impotent missionaries—LIEUT. MOXIE made a discovery destined to "shake the country more than telephones or telegraphs," to say nothing of earthquakes, and such trifling terrestrial disturbances. The discovery which he made was of a new species of "greens." After having despatched a bale of the "greens" to a doctor in Lowell, Mass., the lieutenant went to Lower California and very obligingly died.

But, though Moxie is dead, "Moxie" still lives. The Lowell doctor immortalized the

name of his "dear old friend" by wrapping it about each bottle of the beverage. Then he "gave it to the world." He promised that it would cure insanity, blindness, dipsomania, headaches, softening of the brain, loss of manhood, and other ills too numerous to mention. Like the old-fashioned almanac, he relates several cases of wonderful cures. One was of an old lady with "apparent progressive paralysis;" another was of an old lady with "the utmost nervous exhaustion." But, most wonderful of all, it cured an editor who had "a tendency to mix ideas." For this, blessed be "Moxie!"

But a new light is thrown upon the subject of "Moxie" when it is known that the stuff is nothing but flavored water; that the few simple ingredients of which it is composed may be found in any drug store in the land; that no "greens" ever came in a bale from South America, and LIEUT. MOXIE is a dead myth. The whole thing is a fraud, a delusion and a snare. The circular is a miserable catch-penny contrivance, born of the author's imagination. The wonder is that the public could be so easily gulled by the gauzy fish-story which it tells.

But the further wonder is that any reputable physician should have lent his name to such a fraud. In his circular Dr. THOMPSON says—

"I do not like to advertise like a quack, but my friends say I must give it to the world."

And then the circular concludes with a letter which endorses Dr. THOMPSON, and leaves the impression on the mind of the reader that the writer is the "friend" who said that the doctor "must give it to the world."

Dr. THOMPSON has been very clever in shifting the responsibility of the whole affair upon the shoulders of his friends, one of whom is dead, and one living.

A century has not added wisdom to the dominant school of medicine. — *Cowperthwaite.*

INSTITUTE ADDRESS.

EXTRACTS FROM THE ADDRESS OF THE PRESIDENT OF THE AMERICAN INSTITUTE OF HOMŒOPATHY, 1888.

We present to our readers the following extracts from the presidential address of Prof. A. C. COWPERTHWAIT, M.D., delivered at the recent meeting of the American Institute.

THE PROGRESS OF HOMŒOPATHY.

The progress of homœopathy during the past year has been all that could have been desired. From every quarter of our own land comes the most cheering intelligence, and from other lands where barriers exist against medical freedom such as we of this free and enlightened country know nothing of, from these lands comes the welcome news that homœopathy is becoming slowly but surely established in spite of barriers and in spite of a spirit of intolerance and persecution only surpassed by that with which Hahnemann contended in the early days of our system. Especially have our brethren in Great Britain reason to be encouraged. The outcome of the celebrated discussion carried on through the columns of the *London Times* on "Odium Medicum and Homœopathy" is gratifying to every homœopathist. It proves a fact that was long since established, namely, that whenever homœopathy or any of the interests pertaining to it are brought before the bar of public opinion, it never suffers.

THE OPINION OF HOLMES.

It is said that Dr. Holmes still adheres to the statement made so many years ago, and that, too, notwithstanding he cannot have helped observing the unparalleled advancement of homœopathy during all this period of time. At the time Dr. Holmes made this statement there was not a single homœopathic college in existence. Now there are 14, with about 1,200 matriculates annually and over 400 graduates, their alumni already numbering over 8,000. At that time there were but a few hundred practitioners in this country,—now there are nearly 12,000. Then there were no homœopathic hospitals—now there are 60 with nearly 5,000 beds. Then we had but one or two journals devoted to the interests of homœopathy,—now we have 25. Then we had but half a dozen societies, including the American Institute of Homœopathy, which had been recently organized,—now we have over 150

societies. Then only one or two small pharmacies were required to supply the demands of the profession,—now there are 33 strictly homœopathic pharmacies, some of them doing an immense business, while thousands of drug stores have miniature homœopathic pharmacies established in connection with their regular business,—and I must say, in my own opinion, much to the injury of homœopathy.

THE MISTAKES OF BARTHOLOW.

In the "Address of Medicine," delivered at the recent meeting of the American Medical Association by Dr. Roberts Bartholow, that gentleman, after abusing the press for its "flippant" attitude toward the medical profession, proceeds to berate homœopathic practitioners for publishing statistics that he claims are "fictitious," and which, he says, have "placed legitimate medicine in a false position, and discredited its practice to a most serious extent." He then refers to a certain pamphlet written by a physician "who had been a professor in the faculty of Iowa University," which contains "the usual tirade against allopathy, its past errors and its present uncertainties," but, according to Dr. Bartholow, "its really effective part consisted in statistics made up out of whole cloth." I have never seen this remarkable pamphlet, nor am I prepared to deny that it contains false statistics. I desire, however, in justice to the State University of Iowa, to make the statement that the gentleman mentioned was once a student in that institution, and for one year held a nominal position as assistant to one of the professors; but he was never professor, and such a claim was entirely fraudulent. If, therefore, he would assume a fraudulent title for trade purposes, it is not unlikely that he might for the same purposes manufacture false statistics. If he did do so, as Dr. Bartholow's investigation would seem to prove, it is no fault of the homœopathic profession at large, and only goes to show the gentleman's ignorance of facts, as he could have readily procured authentic and reliable statistics to have proven his point, namely, the superiority of homœopathic over allopathic therapeutics.

THE INDIFFERENCE OF HOMŒOPATHS.

A private letter, just received from the chairman of the Bureau of Materia Medica, contains these words: "It is very discouraging to find so few men willing to work on clinical medicine, therapeutics and materia medica."

As I contemplate the attitude of some members of our profession, I feel that there is a

growing disposition to neglect the essential features of homœopathy, and with scalpel and microscope in hand to follow close in the rear of the old school, searching for the nature and causes of disease. I would not for a moment discourage scientific investigation in every department pertaining to medicine, but I would make that entirely secondary to the development and perfecting of our materia medica, without which we might as well surrender our distinctive title, and allow to perish all the principles and truths which Hahnemann and his followers have cherished, and which have brought so much of health and happiness to the world.

THE RELIABILITY OF DRUGS.

Again, since the days of that notable abortion, "the Milwaukee test," there has been a disposition on the part of some to spend their time in searching for and publishing to the world alleged discrepancies in homœopathic pharmacology. The microscope is brought to bear upon our drugs and the vehicles in which they are prepared, and the world is informed that the former do not exist beyond the limit of certain attenuations, and that the latter are possessed of impurities which may more than overbalance and destroy the infinitesimal quantities of the material drug which they are said to contain. May the oft-invoked shades of Hahnemann rest upon us, that now, after three-fourths of a century of the successful use of these very attenuations, prepared in precisely the same character of medium, that wonderful little instrument called the microscope should discover for us that we have been deceived, and that the preparations which have performed such wonders for us at the bedside were nothing, or at least anything except what we supposed them to be. Can we expect anything else than righteous criticism from the old school when they are permitted to quote such arguments against us from those of our own household? How soon will we learn that drug power in disease is not to be measured by scruples and drachms, any more than are the imponderable essences of disease itself, and even if they were, has microscopic science reached the limit of its development? Is it not possible that succeeding years will afford inventions that will go still farther in detecting the infinitesimal in nature than has yet been done? Let us bear in mind these questions and forget not the wonderful achievements of homœopathy as proven by clinical rather than microscopical tests.

MEDICAL EDUCATION.

I would urgently recommend that at this session a resolution be adopted setting forth that on and after the year 1890, the American Institute of Homœopathy will not recognize the diplomas of any college requiring for graduation less than an attendance upon three courses of lectures of at least six months each. And I would further recommend that the inter-collegiate committee of the Institute be requested to hold a special meeting at such a time and place as they may agree upon, not in connection with the meetings of the Institute, at which time they shall formulate and adopt some general and uniform system of medical education more comprehensive and rigid in its character than that now existing, including the following minimum requirements:

- (1). A good preliminary education, including some knowledge of the classics.
- (2). A four years' course of study.
- (3). Attendance upon three full courses of lectures of at least six months each.

The said committee to report their action to the Institute at its annual meeting in 1889, and after such report has been adopted by the Institute, any college that refuses to adopt the same, or, having agreed to adopt it, fails to uniformly adhere to its requirements, to be excluded from the Institute, its diplomas not recognized, and no representation allowed in the inter-collegiate committee.

PUBLISH THE PAPERS.

In the first place I can see no valid argument why the publication of papers should be prohibited before they have appeared in the "Transactions." I cannot see that such publications would in any manner whatever injure the Institute or detract from the value of the "Transactions." But I can see why these papers while they are fresh ought to be given to the public, who, with the profession, are especially and directly interested in the results of so important a gathering as that of the American Institute of Homœopathy. I consider it impossible for us to give the members of the press too wide a liberty in the publication of our proceedings, including the papers which are here presented and discussed. We encourage our members to prepare and present papers, which are of great interest to the profession-at-large, but these papers, if published, of which there is no certainty, do not appear until late in the year, by which time they have grown stale and lost much of their interest. I would, therefore, recommend that section 9 of the by-laws be amended, strik-

ing out the words "which have been previously published," or as occurring immediately after the word "transactions," and that the Institute allow the publication of any part or all of the papers and discussions at any time after their presentation, provided that no papers are removed from the custody of the secretary for that purpose. This will permit authors to furnish extra copies of their respective papers for publication outside of the "Transactions" and will, in my opinion, result in harm to no one, but in much good to the Institute and to the cause of homœopathy in general.

ORIGINAL ARTICLES.

RELATION OF URINARY ANALYSIS TO DIAGNOSIS.

By CLIFFORD MITCHELL, M.D.

CHICAGO.

[Read before the Illinois Homœopathic Medical Association.]

THE part played by analysis of the urine in diagnosis is important, but not necessarily leading. In many cases it is purely subordinate and dependent upon the history of the case for its value. It is unjust, therefore, to expect the whole story of the disorder to be told by the urine. For example, suppose the urine of a patient is nearly or quite normal, is he therefore in perfect health? It would take too much time to answer this question by enumeration of disorders, some very serious, in which the urine may give no hint whatever of the condition of affairs: in hydro-nephrosis and sometimes in renal calculus the urine may be clear and normal.

On the other hand, when the urine *does* show variations from the standard of health, every effort should be made by means of systematic, methodical, and repeated examinations to ascertain the significance of the changes. Occasional "testing," so-called, of a few drops of urine, will not tell the whole story. It is seldom possible to obtain accurate information of the pathological condition except after several complete examinations of the twenty-four hours' urine, which must be collected and measured with scrupulous care. In cases where this is impossible, the morning urine can almost always be obtained, and should be used. I feel, however, that I am groping in the dark unless I know the total quantity in twenty-four hours; for this I make every endeavor. Next, in routine order, the specific gravity should be taken; from it the solids approximately estimated, and then by spec-

ial chemical process the total quantity of urea ascertained. The quantity of the latter may be very much decreased and yet no signs of uræmia exhibited by the patient until the convulsions come on "without warning," as we often read or hear, when really there was warning enough in the urine.

In chronic diseases of the kidney, collection of the twenty-four hours' quantity, estimation of solids and urea (and sometimes of phosphoric acid, as when cirrhosis is suspected) should be made whenever practicable. When in the course of these diseases the total urea falls to fifteen grammes there is cause for anxiety; when to ten, for alarm; when to five, for mourning. After the solids and urea have been determined, microscopic examination of the sediment should be made. I say "after," because it is always possible to determine the presence and quantity of solids and urea, while sometimes it is impossible to discover the presence of tube-casts, as, for example, in alkaline urine, sometimes in bloody urine.

Sediments should be stained with carmine before being examined with the microscope. My routine method is to pass the sediment through three stages of collection, as follows: First, let the urine settle in its bottle; second, pour off the supernatant urine and let the sediment settle again in a V-shaped glass provided with a lip; third, pour off supernatant urine again and pour the sediment into a tapering glass tube provided with a glass stop-cock. Lastly, add two drops of carmine solution to the sediment, now dense and of small volume, and let stand until a layer of urine is distinctly visible above the sediment. Keep the tube corked and in as cool a place as possible. Staining the sediment reveals casts, hyaline, epithelial, etc., which might otherwise escape unnoticed. Moreover, mucus casts are not stained and cannot be mistaken if this method is used, for hyaline casts. Fungi, which sometimes string themselves out to look like casts to the inexperienced, do not take the stain, but genuine renal tube casts and epithelia readily become stained and are then easily identified. Finally, if albumin is present, estimate the quantity, which may be done approximately, and in general note whether it is very abundant, moderately abundant, or small in quantity. In turbid urine clarification with liquor potassæ, filtration, and cautious neutralization is positively necessary when small quantities of albumin are to be looked for, as in cirrhosis of the kidney.

In such cases, after the urine has been clarified, filtered, and neutralized, the ordinary acid or heat tests will reveal albumin plainly enough. My method of performing the operation is to add to the turbid urine (which cannot be filtered clear) one-fourth its volume of liquor potassæ, heat, and then filter, letting it run through into a small beaker. A small tumbler, like a whisky glass, answers the purpose full well. Then wet a slip of blue litmus and paste it on the inside of the glass and as far below the level of the urine as possible. Next add acetic acid, a drop at a time, stirring well after each drop. Stop adding acetic acid the moment the blue litmus shows a tint of red. Then test the urine for albumin in the ordinary way.

This method is particularly adapted to the detection of albumin in alkaline or stale urine, for it is well known that urine containing bacteria is difficult to filter, and the turbidity masks the ordinary coagulum of albumin when the latter is present in small quantities.

After the total quantity in twenty-four hours has been measured, the solids and urea estimated, microscopic examination of the stained sediment made and albumin detected and estimated, attention should next be paid, especially if the condition of the urine suggests it, to the history and symptoms of the case, every effort being made to ferret out such conditions as would suggest kidney disease. In order to make the examination of the patient systematically, I pursue the following course:

Inquire. (a) Age, sex and weight of patient?

(b) History? (Ascertain particularly whether there has been previous acute nephritis; ask for history of alcoholism, gout, lead poisoning, apoplexy, syphilis, phthisis, scrofula, chronic suppurative processes).

(c) General condition?

(1) *Head*.—Observe appearance of face; note if features are *puffy* and *pallid* or whether the skin is *sallow* and *cachectic* in hue, or *cyanotic*. If *headache*, ascertain particularly whether it be *occipital* and extending to *back of the neck*. Note *disturbances of hearing or vision*, *insomnia*, *mental depression*, and *hypochondria*. Inquire for presence of *epistaxis*.

(2) *Chest*.—Notice whether the patient is suffering (or has suffered) from *dyspnœa*; whether the area of *cardiac dullness* is increased or whether there are signs of *cardiac changes* in general.

(3) *Abdomen*.—Inquire for *gastro-intestinal symptoms*, *nausea*, *vomiting*, *flatulent dyspepsia*, *diarrhœa*; look for *enlargement of liver or spleen*; note any symptoms connected with the *urinary*

organs, as total number of micturitions at night if any, pain (on voiding urine) whether absent, renal colic, clots of blood voided, etc., etc.

(4) Notice whether *the pulse is hard, resistant, rolling like a cord, or small, compressible, rapid.* Observe whether the *larger veins are prominent*, especially over the abdomen and lower extremities.

(5) *Dropsy.*—If there is or has been dropsy, where first noticed, and whether general or confined to special localities.

(6) *Miscellaneous.*—Inquire for muscular weakness, lassitude, vertigo, loss of sexual desire. Ascertain whether there have been convulsions, coma, or other symptoms of uræmia.

The *weight* of the patient must be known in order that the total amount of urea which he ought to void in health may be calculated. For those of average weight about $3\frac{1}{2}$ grains of urea to the pound should be voided. A man of 150 pounds then should void about 500 grains of urea normally, or say thirty-five grammes on an average.

The real value of examinations of the urine taken in connection with the general examination of the patient, may be seen from the following cases.

I. Man, 45, 160 pounds, history of gout; condition: well preserved, occipital headache, several micturitions at night, recent flatulent dyspepsia, no dropsy. Came to have urine examined because noticed that he voided more urine than usual, and was vaguely apprehensive of "weakness of the bladder." Repeated collections of the twenty-four hours' urine showed it to be *increased* in quantity, on an average above 1,500 C. P., and sometimes as high as 2,900 C. P. Clear and paler than normal. Solids diminished, urea averaging only 20 grammes, ought to be 35 or over. Albumin found in small quantity, varying from 1-20th to 1-10th of one per cent by weight. Casts doubtful. In one specimen I thought I saw a very slender hyaline cast faintly stained, but the sediment was very scanty even when concentrated. But from the history, condition, and age of patient, coupled with albuminuria and decreased solids, I decided the case to be one of *cirrhosis of the kidney*. Repeated examinations of the urine showed that the reduction in solids was constant. It must be remembered that there is sometimes in this disorder a *pre-albuminuric stage* in which case, albumin being absent, the physician may be lulled into feelings of security from which, however, an attack of uræmia may suddenly arouse him, for, as is well known, uræmic accidents are more

common in this form of Bright's disease than in any other. I have made at least once the diagnosis of cirrhosis of the kidney when no albumin could be found, basing my opinion on the increase in quantity of the twenty-four hours' urine, more urine voided at night than during the day, reduced solids, in the patient a recent flatulent dyspepsia, age over 40, general condition good, but attacks of occipital headache frequent. It is not improbable that the urine of such a patient would be pronounced "all right" by many a life-insurance examiner, just as on the other hand a man with an albuminuria purely functional is sometimes rejected in his application.

Case II. Man, 20, 145 pounds, history indefinite, and nothing of importance elicited save had had scarlet-fever when a child. Features somewhat pallid, but general health good, except indigestion at times. Reason for having his urine examined, "had been told by physician he had Bright's disease." Repeated examination of his urine by me showed nothing abnormal except occasional presence of albumin, sometimes as much as 1-20th of one per cent by weight. Urea and solids sometimes slightly reduced, but averaging normal. Made the diagnosis of *functional albuminuria* due to digestive disturbances. Patient eventually went to the country, and after an out-of-door life for three months the albumin disappeared. Returned to city, became somewhat dyspeptic and the albumin reappeared at times. There was no pus or blood in the urine at any time.

I should say at this point that there is record of a man who voided slightly albuminous urine for twenty years with impunity.

It is hardly worth while to take up your time with accounts of cases of typical kidney diseases, especially those when the albuminuria is heavy, the dropsy marked and the tube casts abundant and found with half an eye. Yet it is possible to find urine in character somewhat puzzling when the general history of the case will be necessary in making the differential diagnosis. Thus in advanced cases of *cyanotic induration* of the kidney we find albumin casts, and in the patient dropsy, urine reduced in quantity and of high sp. gr., urates and uric acid in the sediment. The earlier stages of *chronic parenchymatous nephritis* may offer a similar condition of affairs, but repeated examinations will generally show a diminution in urea, and at times very heavy percentages of albumin, $\frac{1}{2}$ to 1 per cent by weight, whereas, in cyanotic induration, the amount of albumin is always small, but a few tenths of one per cent at most. An important

point in the differential diagnosis is that in chronic nephritis œdema is usually noticed before heart complications, whereas cyanotic induration is an affection *depending* on lesions of the heart.

When no form of Bright's disease is evidently present, but there is something the matter with the urine, as shown by presence of pus or blood, then look for signs of *renal calculus*, more especially in absence of signs of cystitis, and the urine is acid and solids nearly or quite normal. Cases of renal calculus are perplexing to the one examining urine, and much injustice may be done to the physician who examines the urine and reports nothing abnormal. It is not always that renal calculus betrays its presence in the urine. If a patient comes to me with pain in the groin down the spermatic cord, inner side of thigh, or persistent pain in lower extremities, or in heel or foot, I am very unwilling to give an opinion until I have examined the urine several times at long intervals, for the pain may be *reflected renal pain* due to calculus, and the utmost vigilance should be observed in looking for pus, blood, jagged uric acid crystals or dumb-bell calcium oxalate. Patient search will sometimes, though not always, be rewarded, but an attack of renal colic is a great help in the diagnosis! Beale states that the dumb-bell crystals of calcium oxalate may be regarded as minute calculi. In addition to this, let me say, the ordinary octahedral crystals of calcium oxalate and no dumb-bells at all were found by me in one case in which eventually a small mulberry calculus was passed.

Leaving the kidneys and turning to diabetes, I think it is well to distinguish glycosuria, in which the sugar varies very greatly in amount and disappears, from true diabetes mellitus, in which the percentage of sugar is more or less fixed. I regard the former as curable by diet and remedies. A very serious chance for error here, however, is that mild cases of true diabetes may suddenly become severe and rapidly fatal, as is well known, and cases which in the start were curable glycosurias, through neglect may run on into true diabetes. The distinction between glycosuria and mild diabetes is sometimes difficult, and the greatest care should be observed in the prognosis. I am inclined to think that a case in which there is but little sugar, the latter disappearing when strict diet is observed, but returning at once when the diet is relaxed, and in a young person, is more likely to be true diabetes mellitus than one in which at times there may be considerable sugar not affected by diet,

greatly fluctuating in quantity, and especially in an elderly person. There is a chance in the latter case for clever prescribing.

I have lastly to speak of the urine in nervous disorders, and an opportunity is to be found here for close distinctions between so-called "urinary disorders" and nervous diseases. Dr. Delamater is a believer in the value of examination of the urine in nervous diseases; he is in the habit of looking for calcium oxalate in the freshly voided urine of cases when degeneration of the brain is suspected. It is at least doubtful whether oxaluria, phosphaturia, and lithuria are to be deemed separate disorders. They are, in some cases at least, concomitants of nervous diseases. Fothergill calls a certain class of patients "neurotics with disturbances of digestion and lithæmia." In such cases concentrated urine with sediments of urates and uric acid is found. Whenever a patient comes to me with so-called neurasthenia, nervous prostration or exhaustion, "malaria," general worthlessness, inability to do any thing or make any exertion, indolence, laziness, even though habits are good; patient irritable, fretful, peevish and discontented with those around him, but rarely finds fault with himself or is hypochondriacal; may rise at night to void urine, which latter is high-colored and deposits a sediment frequently reddish in color; constipation, drowsiness, headache, restlessness at night—I examine the urine for sediments of urates and uric acid, especially in patients who lead sedentary lives, spending their time mostly in offices or at home, and taking little exercise; who drive or ride in street-cars, but seldom walk. (According to one theory now advanced, uric acid is a substance irritating to the kidneys, and continued elimination of it leads to Bright's disease. Even if there is no sediment in the urine, the total amount of uric acid ought to be estimated.)

If, on the other hand, the urine be normal in quantity and specific gravity, but pale green in color, micturition frequent and urgent though no great quantity of urine be voided; burning sensation across loins, with feeling of tightness and dragging around the abdomen, shooting and burning pains in the lower limbs, twitchings of the muscles; feelings of numbness, deadness, and coldness in different parts of the body; patient generally amiable to those around him, but is himself filled with gloom and forebodings, and excessively hypochondriacal; bowels irregular; nervous dyspepsia—the urine is to be examined microscopically every day for at least a week, for sediments of calcium oxalate; look particu-

larly in morning urine voided on rising. If dumb-bell crystals of calcium oxalate be found, the condition may lead to renal calculus. (Diagnoses of incipient locomotor ataxy and of syphilitic disease of the spinal cord have been made in cases where the condition was relieved when the patient voided a small concretion of calcium oxalate.)

Lastly, where there is a diabetes, but no sugar, it is necessary to distinguish between diabetes, insipidus and phosphatic diabetes. In the latter, which is a rare disease, we find great emaciation; aching rheumatic pains in loins and pelvic regions; dry, harsh skin, with tendency to boils, and ravenous appetite; possibly cataract; polyuria or normal quantity of urine, with high sp. gr.

Estimate the total quantity of phosphoric acid (using uranium nitrate solution), and thus differentiate phosphatic diabetes from diabetes insipidus and azoturia.

Excessive elimination of phosphoric acid, associated with nervous derangements, or with phthisis, is a difficult disorder to control; prognosis unfavorable. Excessive elimination of phosphoric acid running a course like saccharine diabetes, but without sugar or alternating with saccharine diabetes, is more easily managed; prognosis more favorable. *A sediment of earthy phosphates in the urine is not necessarily of any clinical significance whatever, unless the total amount of phosphoric acid in the urine is increased.* This can be ascertained by quantitative analysis only.

In diabetes insipidus, on the other hand, we find noteworthy increase in the amount of urine voided, such as five to ten pints a day, and, especially in children, with possible debility, languor, loss of weight, neuralgic and rheumatic pains, moderate degree of thirst; urine often of pale green color. Note whether the considerable discharge is more or less intermittent, as in *hydro-nephrosis*, or persistent, as in *diabetes insipidus*. (If the latter, distinguish from diabetes mellitus by testing for sugar.) If the former, and especially in female disorders, examine for evidences of hydro-nephrosis, looking for enlargement of the kidney, etc.

Diabetes insipidus may be either *hydruria*, increase in water without increase of solids, or *azoturia*, increase of water and urea, the distinction being easily made by the repeated estimations of urea.

What we need is fewer papers and more discussions. — *Cowperthwaite*.

NEURASTHENIA.

By A. M. PARKER, M.D.

CHICAGO.

[Read before the Illinois Homœopathic Medical Association.]

THE limitations of human knowledge, often painfully apparent to the physician, are never more baffling than when he is called upon to treat a patient whose nervous system is bankrupt. The difficulty to be met exists in the fact that vitality itself is an unknown factor.

So long as nervous energy is generated as fast as it is expended, the equilibrium of health is maintained.

The loss of this equilibrium, and, consequently, of health of the nervous system, may be due either to excessive waste or deficient production of nervous energy.

In the first instance, the prescription is rest, change of scene, generous diet, etc., aided by such remedial agents as may from time to time be indicated. But, if the organism generates little vital energy, if the trouble is in the very springs of life, the picture is a gloomy one. Instead of the pink tint of health, the skin is pale or sallow. The tongue is pallid, or worse still, presents a purplish hue. The extremities are cold, the muscles soft and toneless. The great force pump that should, with vigor, send the blood through the vessels, beats faintly. The arterial system is toneless, and feebly seconds the wavering action of the heart. The respiratory muscles imperfectly perform their office, and all the important functions of life share in the general impoverishment.

The system has lost its subtle power of recuperation.

Rest, so far from restoring the lost tone, seems to increase the sluggishness of mind and body. Medicine gives only temporary relief, and food cannot build up structures that have lost the power of assimilation. Man cannot live by bread alone.

You may heap brick and mortar upon a building site until it is buried, but the hand of the builder only can make of them a house. You may supply the unfortunate victim of neurasthenia with good food and pure air — these are the materials out of which to build strong nerves; but the builder, the architect, the spirit within, how shall we restore its lost power?

Clearly, by devising some stimulant exactly fitted to the case in hand, by which to touch the mysterious sources of nervous energy.

By stimulant I do not mean the pernicious irritants that have so long masqueraded as tonics, nor the vile narcotic that taints the atmosphere of our cities, and even, in some instances, makes the husband and father a very upas tree planted in the midst of the home garden, withering and dwarfing all beneath its branches.

A stimulant is any influence that will increase the vital energy, and is as often spiritual or mental as medical.

Leaving the medication of these cases to abler hands, I wish to speak briefly of accessory treatment, which has been of great service in some apparently hopeless cases.

Miss P., aged 27, had never been strong, and for ten years had been gradually failing in health. She had been a school-teacher, but could no longer endure the confinement of the school-room.

She had suffered much at the hands of physicians, who, failing to find other evidence of disease, and making much of the fact that menstruation as well as all the other physiological processes, was feeble and insufficient, had prescribed many drugs and much local treatment for the long-suffering reproductive organs. This patient had a good appetite and fair digestion, the only hope in her case.

She presented one peculiar symptom: even in summer she was troubled with cold feet during exercise, and could only get these extremities warm by lying down.

Acting upon this hint, I prescribed what the sanitarian people call hot and cold to the spine; alternating hot compresses with the application of ice, and vigorous friction. The improvement was prompt and gave rise to hopes of a complete restoration to health, but after a few weeks the case became stationary again. Evidently, the cause of the decline was still operating, and must be sought outside of the patient's organism: in her home and its association, or in her interior spiritual body, out of which all physical ills are believed by some persons to proceed.

My researches disclosed a sad history of repression and grief in childhood. The mother a slave, the father a gloomy bigot, a hard taskmaster and a devotee of tobacco. The ill health consequent upon these depressing influences had prevented her marriage, and disqualified her for business, thus deepening morbid impression.

This was the situation in Sept., 1886. Through the interposition of a sister she was removed to a cheerful home, where she was able to make

herself useful. Suitable remedies were prescribed at various times during the ensuing year with good effect, and in September, 1887, Miss P. took up the burden of life bravely and hopefully, and reports herself well.

I give this as a typical case, a case which medicine alone would never have reached. And I think we, as physicians, should go further than defective ventilation and sewer-gas poisoning in our search for the causes of disease.

Let us, one and all, remember that however rapid and substantial may have been the growth of homœopathy in the past, we are now only at the dawn of its period of true prosperity. — *Cowperthwaite.*

A PROTEST.

Will the Editor of THE MEDICAL ERA grant one of its interested readers space to say a few words regarding Dr. Julia Smith's remarks on neurasthenia? If the Doctor is correctly reported in the June ERA, her observations on neurasthenia cast reproach upon a class of invalids whose sufferings are as real, if not so fatal, as those of other diseases.

The command, "go right to work" may be applicable to what Dr. Foster calls the "pseudo" cases; that it is applicable to "nine cases out of ten," or even to the majority of cases, is not so easily demonstrated.

When a mother works year in and year out to the limit of her endurance, with the added mental strain of trying to make one dollar do the work of two, fading and losing strength year by year, till finally she goes to pieces "all of a sudden," like the deacon's "one hoss shay," adding one more to the large army of neurasthenics, I protest it is not a change of work nor a scolding from the Doctor that she needs, but rest first and last, with kind words and cheerful companionship.

When a devoted, self-sacrificing daughter undertakes to act the part of nurse to an invalid mother, to do the family washing, walk two miles night and morning to and from school, and to study so faithfully as to rank first in her class, at last breaking down after graduation and becoming a semi-invalid for years, I again protest that rest, pure and simple, is the panacea, and not work.

When a school girl crowds the work of two years into one, that she may the sooner fit herself to support an infirm father and mother, and in the attainment of mental gains experiences a

physical loss of strength and endurance, I doubt the wisdom of the physician who would dismiss her with the order — "go to work."

Again; when a teacher works to the point not only of exhaustion, but of fainting, while at her duties, and soon develops the long train of symptoms characteristic of neurasthenia, I would question the propriety of ordering her to work.

These are not fancy sketches, created from the writer's imagination, but are flesh-and-blood illustrations of the pernicious results that ensue from working daily to the limit of one's strength, and particularly of following, without respite, work that involves mental strain.

An additional proof of the inadvisability of spurring to work a person with a tired-out nervous system is given by the victims of the "mind cure," "Christian science," or "metaphysical cure." It has been the writer's melancholy privilege to watch the career of several nervously debilitated invalids, who, with the desperation born of despair, turned to this means of cure as a last hope. Taught to believe themselves well, and to act accordingly, they ignored rest, resumed former duties and went about trying "to do good," only to relapse after awhile into a condition worse than the one they sought to cure.

As to the much discussed fashionable sufferer, who is sick because she has nothing else to do, or because it is the mode to be nervously prostrated, there seems little hope for her, if such a creature really exists.

Girded by an armor of steel and whalebones (by courtesy called corset), her arms encased in tight-fitting sleeves that pinion those useful members to her sides, loaded down with jet and heavy draperies, the whole load of which she attempts to carry with a smiling face as she wabbles about on high-heeled French opera-toed shoes, no wonder she says: "I am so dreadfully tired! It doesn't seem as though I could carry my clothes." Poor thing, no doubt she is tired, and always will be while so hampered by the follies of fashionable dressing. Even for her a change of clothing would seem quite as advisable as the "go-to-work" prescription.

After all has been said we trust the Doctor did not mean all that her words implied, but a sense of justice softened by pity impels the expression of these thoughts in behalf of the often-misunderstood, much-abused and sometimes ridiculed unfortunates — the victims of neurasthenia.

JAB.

THE SEQUELÆ OF SPINAL MENINGITIS.

By H. M. BASCOM, M.D.,

OTTAWA, ILL.

[Read before the Illinois Homœopathic Medical Association.]

THE local signs of inflammation are (1) pain, (2) redness, (3) heat and (4) swelling.

The local products of inflammation are (1) serum, (2) fibrinous exudation and (3) pus.

The sequelæ of inflammation are many, both local and general.

It is not my purpose to discuss the causes of meningeal inflammation in either epidemic or sporadic form, but in this line of thought let us confine ourselves to its results.

After the study of several severe cases of meningitis and the best authorities I can obtain, I have come to the unwelcome conclusion that all cases of spinal meningitis that recover are followed by some sequelæ. It may seem a broad statement to make, but it is my firm conviction that no case recovers as well as before the attack.

To bear out this opinion, we find Dr. Hart says (in Arndt's System of Medicine, Vol. II., page 618): "Even when life is preserved, which is rarely the case, the patient never fully recovers, but remains more or less emaciated, anæsthetic and paralyzed."

The reason is, therefore, obvious: no inflammation can exist within the vertebral canal which does not exist at the expense of the cord, due to the swelling and thickening of its surrounding membranes. If the bony canal will not yield, the cord must. The very pressure arrests the functions of the cord almost as completely as though a ligature had been drawn around it.

(1). Paralysis, then, is the first result, and the most common to be looked for. It may exist soon after the inflammation begins, but rarely during the first week. In degree, it varies according to the amount of thickening of the membranes, the amount of fibrinous exudation, the length of time the acute inflammation is present, and whether resolution occurs by absorption or the formation of pus. Should the inflammation be chiefly cerebral, or extending only slightly into the cervical region, there could exist only a hemiplegia, but more frequently there occurs a complete encircling of the cord and a paraplegia is the result.

It became my duty, a few years ago, to prosect the spinal cord of a lady who had had complete paraplegia for six years following meningitis. I found the cord pressed upon by the

thickened membranes for a space of three or four inches, but within the ninth dorsal vertebra it was strangulated, cut down to less than one-third its size by a band about one-fourth of an inch in breadth.

Here was a condition that resolution could not be sufficient to remove. Pus did not form; there was no place to "pocket;" the vertebrae were sound; truly "a living death."

(2). The second most frequent result of meningitis is spinal curvature, and this may not develop for a year or eighteen months after apparent convalescence. It is a question yet to be determined which form of spinal curvature is most frequently the result of meningeal inflammation. In the cases where the inflammation extends to the vertebrae proper, causing softening and necrosis of the body of the vertebra, the antero-posterior curvature, or Pott's disease, would certainly result. My belief is that most cases succumb before such a diagnosis could be definitely determined. Therefore the most frequent form of deformity found following meningitis will be the lateral curvature, by Dr. Lewis Sayre called "rotary-lateral curvature."

Do not be in a hurry to get patients out of bed who are recovering from meningitis. They will distort or twist themselves in some unnatural shape to get the spinal column at rest. "Half the deformities are the result of want of energy, want of life enough to sit up straight."

Again, paralysis of one of the lower extremities, followed by arrest of development, or shortening, giving an unequal support to the pelvis, increases the tendency to lateral curvature.

ILLUSTRATIVE CASE: Miss N. suffered a severe attack of spinal meningitis, with a high inflammatory condition for a week or ten days, followed by a slow convalescence of two months. One year later there developed a lateral curvature of the spine. To obtain a comfortable position during and after convalescence, a strained position was assumed, resulting in a deformity which took another year, with a suitably adjusted corset, extension, frequent gymnastics, rubbing and development of the muscles of the short side to overcome.

(3). The last sequela I shall mention, but the most frequent—for it occurs to a greater or less degree with every patient—is the effect on the nervous system. To declare such a patient moody is to express it very mildly. In proportion to the anæsthesia below the seat of former inflammation, there is hyperæsthesia above.

It would take the pen of the most fluent writer to portray in words, together with the brush of a noted artist, aided by the scenic effect of the imagination, to depict all that a shattered nervous system may and does suffer—all the shades of development, from a simple hysteria to a mad delirium.

Treatment.—

(1). The treatment of the first sequela, paralysis, is frequently unsatisfactory. The early application of electricity, following the acute congestion, is highly beneficial. The two remedies to be considered are Bryonia and Terebinth. I care not whether the Bryonia is administered from the leading symptom of "aggravation by motion," or if it be given for its supreme power as an absorbent of fibrinous exudation, the results will be equally beneficial.

(2). The treatment of the second condition, spinal curvature—must be rational, whether caused by disease or accident. This is a condition to be treated in a very different manner from the first sequela. Active measures must be used, extension and healthy muscular development. The extension being obtained, let it be maintained by some mechanical device; let nature be supported. There is no better device than the plaster-of-Paris corset, properly applied. (I speak advisedly, having added two years of experience to the matter since troubling the Society with the subject on a former occasion.)

(3). The treatment of the nervous condition is as diversified as the number of cases treated. Gelsemium has been most frequently indicated in the cases that have come under my care. Hyoscyamus and Stramonium are equally called for. Rhus tox. has been useful. Belladonna, Ignatia and Pulsatilla, occasionally indicated, have proved unsatisfactory in these cases. I anticipate that Haschisch will prove beneficial, but there seems to be some difficulty in obtaining a thoroughly reliable preparation.

A somewhat ludicrous statement is made by Dr. Bartholow to the effect that in "a considerable town" in the West, a homœopathic pamphlet "was sent to every householder," and that, as a consequence "a legitimate practice was in a short time completely destroyed and every regular physician reduced to extremity."—*Cowperthwaite*.

DYSMENORRHOEA CURED BY GALVANISM.

By E. C. WILLIAMS, M.D.,

CHICAGO.

[Read before the Illinois Homœopathic Medical Association.]

MISS C., aged 26, began menstruating at the age of thirteen. Menses were regular and normal until the age of 21. At that time, during her menstrual period, she was out boating and was capsized. The cold bath stopped the flow. From this time she began having trouble with the menses. They were irregular, and accompanied by the most intense pain, and mental disturbances. I saw her for the first time about a year ago. At intervals for four years previous, she had been under the care of physicians for longer or shorter periods, but with absolutely no benefit. Examination revealed a highly inflamed cervix, very sensitive, and bleeding at the slightest touch.

The vagina was also very sensitive. For two hours before the flow appeared she suffered the most intense pain in the region of the uterus (which was not relieved from two to four hours after flow appeared), intense headache, and almost a mania. For two years she had not had a period without taking opiates as soon as the pain began. Knowing that she had taken all medicines which could possibly be of benefit, I did not give her any, but asked them to call me at the time of the next menstrual period.

Being called at that time I found her suffering as usual, and I applied the galvanic current, placing the positive pole over the region of the uterus and the negative at about the second lumbar vertebra. The current was mild and was continued twenty minutes, at the end of which time she was asleep. She slept for six hours, and awoke suffering comparatively little pain.

After the cessation of the flow, I gave her the galvanic current twice a week until the next menstrual period, which came on in four weeks. At this pain was not so great. However, I proceeded as at the former period, and after it. With this treatment, and this alone for three months, the patient was discharged as cured. I saw her but a day or so ago, and she told me that she had had no pain since during her menstrual periods.

I fear that we have in the past failed to appreciate the influence of the press, and the mighty power that it is capable of exercising in behalf of this Institute and the interests here represented. — *Cowperthwaite*.

BEDSIDE EXPERIENCES.

By J. B. DUNHAM, M.D.

WENONA, ILL.

[Read before the Illinois Homœopathic Medical Association.]

JUDGING others by myself, the general practitioner, if young, is frequently meeting unfamiliar cases. The following are reported with the hope that the experienced may not be wearied, and the inexperienced may be benefited, not by the bare report, but by light thrown upon obscure points, by those who may be sufficiently interested.

Clyde, aged 4 months, at the time of birth, and for two months after, appeared healthy. From this date he did not thrive. Having my attention called to this, I ordered cow's-milk added to his diet, as the mother's milk seemed poor in quality. Slight improvement was noticeable for a short time.

May 7th. I found slight fever, features somewhat pinched, as in an infant poorly nourished. Bowels regular; urine normal in quantity. A difficulty in breathing showed itself by his nursing for a few seconds and then letting go the nipple for the purpose of getting his breath. There was no appearance of coryza. Diagnosis reserved. The difficulty of breathing grew in intensity until in a few days it was never absent. A slight swelling was present at this time, the left side of the throat, externally. The most careful examination failed to detect any localized tumor about the affected region.

Desiring counsel, my colleague, Dr. W. A. Smith, was called. He diagnosed "laryngismus stridulous." I demurred; but when asked, "If not that, what is it?" I failed to reply.

Believing, as I did, that the impeded inspiratory act was caused by an obstruction not spasmodic, though during the earlier days of the disease it was much less when sleeping, though absent, I had given Apis, Phosphorus, Calcarea carb., Hepar sulph., Mercurius sol., with indifferent success. Together we now selected remedies, among which were Cuprum, Ignatia, Gelsemium, Verat. alb., no improvement following, and T. B. Hood, M.D., Prof. of Theory and Practice, Howard University, Washington City, being in town, he was requested and very kindly consented to call with us. He dissented from my colleague's diagnosis. The query, What is it? elicited the opinion that tissues about the glottis were in a hyperæmic condition, sufficient to cause obstruction of the larynx, malnutrition,

based upon a scrofulous diathesis, being the real cause of all the trouble.

Prognosis: death.

The condition of our patient grew more hopeless from hour to hour. With the advent of a commencing stupor, I gave Opium 3x in drop doses every half hour, to be continued until I returned from seeing another patient, if it did not die before that time. On returning and seating myself at the side of cot, the patient seeming a little brighter, without any special object, but more from sympathy at seeing my patient choking to death, I gathered the integument and underlying tissues of the submaxillary region between my thumb and forefinger, and drew them forward toward the point of the chin. No sooner done than to my amazement respiration was natural.

This position of the parts was maintained for some eighteen hours, when, the child becoming very restless, he was raised up and suddenly vomited a large amount of pure, inoffensive pus. Respiration was at once perfectly free and he made a rapid recovery.

Mrs. A., aged 38. Nervous temperament. Cessation of flow occurred Oct. 16, 1887. Within a few weeks occasional nausea and vomiting appeared. Peculiar mental disturbances were noticed by her husband, but considered of but slight moment, as previous pregnancies had been attended by similar symptoms. After two weeks of intense suffering of a character detailed later, I was called Feb. 3, 1888, and found her suffering most intense pains in the head, accompanied by a peculiar vertigo that obliged her to have some one hold her head whenever she attempted to rise from her couch. Bowels regular; urine normal in amount. Neither sugar nor albumin were present. Ipecac 3x quickly controlled the nausea and vomiting. For the pains in the head, that seemed of a neuralgic character, I prescribed Belladonna, Nux, Colocynth, Arsenicum alb., with indifferent success. Questioning her diagnosis, a digital examination was made and Hegar's sign looked for. The examination tended to confirm the correctness of her opinion. Mental disturbances continued to increase, as evidenced by inability to remember past occurrences of the day; would recall with an effort a past event and laugh at her inability to "keep things straight." Listlessness. She could scarcely sleep at all at night, but would be overtaken with an irresistible drowsiness early in the evening. Opium 1x relieved this, and under the influence of Cim. and Zinc 15x, later 6x, she seemed to improve. Rested better and finally came to sleep quite well. No

improvement, however, was noticed in her mental condition, rather the opposite. Having waited until she was five months pregnant, if at all, I again made an examination and was enabled to confirm my growing suspicion that pregnancy did not exist. Dr. Coutant of LaSalle was called as counsel. He confirmed my opinion of the non-existence of pregnancy, supplementing it with an unfavorable prognosis. Prior to his call I had prescribed Cim. and Puls. in alternation, to assist in re-establishing the flow. He advised its continuance until time the flow should appear was past.

Upon Tuesday morning, April 17, 1888, following our later consultation, about 1 o'clock our patient rose to attend to a call of nature; was up and down until 5 o'clock. She seemed to have lost all power of reasoning. At 5 a. m. she sank into a heavy stupor from which she could not be aroused. Death occurred at 10 a. m. The cessation of respiration was the only evidence, for surely death could never come more quietly than in this case.

The great need of reform in medical education is too apparent to require argument.—*Cowperthwaite.*

TOPICAL APPLICATIONS IN THE TREATMENT OF TYPHOID FEVER.

BY C. W. HARBACH, M.D.

LOCKPORT, ILL.

[Read before the Illinois Homœopathic Medical Association.]

DURING the last few years I have seen much that has been written in regard to the causes of typhoid fever and the various modes of treatment. These treatments have, so far as I have been able to learn, been confined to internal medication and sustaining the patient with proper food and nourishment. Nothing has been said about the benefits to be derived from the use of topical applications; therefore, it will be my purpose to mention for your consideration a few of the means from which I have derived no small amount of good.

Typhoid fever is now universally admitted to be a disease in which but little can be done to cut short the time in which it is destined to prey upon the system. It is our duty, therefore, to use every known means to guide the patient to as favorable recovery as possible. Knowing that all diseases, where there is any marked lesion, recover best in a uniform temperature, and that it is well nigh impossible to secure

this, especially with untrained nurses, in a climate as variable as ours; and believing, as I do, that many lives are sacrificed each year from the bowels becoming chilled during the course of the disease, I was led to the use of some form of covering for the abdomen. A uniform temperature was the first great desideratum. How was this to be obtained? Hot water and hot dry cloths were both tried and found to answer admirably, but in a disease covering so long a period, and in the hands of the inexperienced, they were likely to do more harm than good. Poultices were next tried and found to answer the case as fully as could be expected. These poultices are best made from corn or flax meal mixed with enough boiling water to make them of sufficient consistency to spread readily without being too thin to remain in place. It is my practice to have two sacks, each about fourteen inches square, made of thin muslin. These sacks are left opened at one corner for the purpose of filling and can readily be fastened with a few stitches after filling. Take one of these sacks and put enough of the poultice into it to make it about half an inch thick. Spread it out smooth and place it upon the abdomen as hot as can be borne by the patient without too much pain, and leave it there until it has become somewhat cooled, when it should be replaced by the other, which has been prepared in a similar manner. Care should be exercised that they are not too hot and do not remain until they are cold. Such medicines as one may desire can be used in the poultice, but I have derived the most benefit from the addition of a little Turpentine, the amount being varied according to the case. Due caution should be taken that there is not an excess of Turpentine, causing the skin to become too much irritated. Some burning of the urine may be caused by the Turpentine, but only when it is in excess, and will soon pass off when the quantity is reduced. A poultice may be used several times by warming, but as soon as it becomes in the least sour it should be discarded for a fresh one, no matter if it has been used but once.

These applications should be continued faithfully so long as the disease is progressing, and until the patient has become thoroughly convalescent, when the abdomen should be covered with a flannel band reaching entirely around the body. These bands should be made of at least two thicknesses of flannel, so cut as to fit snugly around the body, covering the entire lower part of the abdomen. It is well to have two of these bands, one to be worn by day and the

other at night, so long as the least tenderness remains. The bowels by these means are kept at a uniform temperature and all danger from sudden changes is averted. We get the benefit of the heat as a stimulant towards recovery, besides aiding the bowels in the passing of fecal matter over the denuded surfaces. Such internal medication as each individual case may require must be used, as well as great care in the selection of the proper food, both as to quantity and quality. During the last eight years, since adopting above mode of treatment, it has been my good fortune to bring every case of typhoid fever coming under my care to a favorable recovery, and that not because I had not severe cases to treat.

The International Medical Congress practically accepted the theory of the bacterial origin of disease without opposition. — *Courperthwaite*.

ENDOCERVICITIS AND CYSTITIS.

By WILSON A. SMITH, M.D.

WINONA, ILL.

[Read before the Illinois Homœopathic Medical Association.]

IN reporting the following case I am aware that but little that is new is presented, but I hope that, if any discussion should follow, something may be gleaned that will aid at another time in procuring a more speedily successful result than was accomplished.

Mrs. B., aged 30, always had good health until the birth of her last child, about seven years ago. Her labor was rapid and normal and no unpleasant symptoms presented themselves until about one year after; when menstruation was re-established, she suffered a great deal of pain. Thinking it might be nothing unusual, she did not consult her family physician until after the fourth month, when each recurring period seemed to be worse than its predecessor. The pain was more severe, the flow was continued longer, and there was leucorrhea between the menses. The flow was dark, clotted, thick and offensive. At that time she consulted her physician and he advised an examination. Being very timid, she refused, and requested him to prescribe for her, when, if she received no benefit, she would submit to local treatment if he still deemed it necessary.

The usual prescription of Quinine and Iron as a tonic, with rectal injections of Opium at the menstrual period, was recommended. For a few months this appeared to help, but after

awhile it lost its effect and the patient submitted to a local examination. This was in 1882. The physician diagnosticated the case as one of ulceration, and promised a cure in a short time, two or three months. For four months she had the ulcer cauterized, each time the doctor telling her she was improving.

At that time, instead of being improved, she was worse. She then complained of bearing-down pains, back-ache, the leucorrhœa more profuse, burning of the urethra before, during and after the menstrual period. She had become nervous, her head ached every day, her bowels were constipated, appetite capricious, and menstruation occurred every three weeks. Thinking the physician then in attendance did not fully understand her condition, she changed to another regular (?) physician, and he, too, saw ulcers, added to which was a case of urethritis. She was under his treatment for nearly thirteen weeks when, becoming disheartened and disgusted, she ceased to take treatment, and concluding she could not get well, abandoned every effort for relief.

And now comes the interesting part of the story. One night in 1884 she was taken with cramps in the abdomen which were so severe as to be unbearable, and her husband came after me, her last physician being out of town. No doubt, like the old skipper, they ran for any port in a storm. A few doses of *Colocynth*, with hot applications of bran, relieved her in about an hour, and I went home. When the menstrual period ceased, her husband came for me to call at his house and see if anything could be done to help the patient.

I made an examination and found not a single indication of any ulcer, and concluded that none existed save in the fertile brains of the former physicians, who had treated her with lunar caustic and nitric acid. But these conditions I did find: The cervix was enlarged, the os open, the lips swollen, tender to the touch, considerable leucorrhœal discharge, while in the os was a piece of mucus resembling gelatine, as near as it can be described. The introduction of the sound did not produce much pain and was not followed by blood. This, according to Dr. Heywood Smith, is indicative that the body of the womb has not been invaded by the disease. Her nervousness still continued. She was full of neuralgic pains, burning, cutting in character. The urine was frequently hot, scalding, not only at the menstrual period, but at other times. Sometimes there was nausea, but she did not vomit.

The case was diagnosticated as endocervicitis, and was treated locally and internally. The remedies mostly employed were *Apis*, *Rhus*, *Nux*, *Sepia* and *Pulsatilla*, as indicated. The local treatment consisted of applying tampons of glycerine, medicated with the medicine the patient was taking internally, twice a week, scarifying the cervix once a week, and Iodine to the cervix once a week for a few weeks, by means of the tampons invented by Dr. Danforth, and exhibited at our Peoria meeting in '85. In a little over six months the cervix was cured, but the urinary difficulty continued. Examination of the urethra revealed no abnormal condition and treatment was directed to the bladder. The urine was offensive, and of a low specific gravity. *Cantharis* and *Apis* were the principal remedies used. The bladder was washed out with fluid *Hydrastis* one dram to water four ounces, but the only injection which was found to be of any benefit was *Resorcin*. This was used once a day, generally at night on retiring. I used it in this manner: First the bladder was washed out with warm water very slightly carbolized; then added to one-half pint of warm water three grains of *Resorcin*, injected slowly, allowed it to remain a few minutes, disconnected the syringe from the catheter, withdrew the fluid. Sometimes there will be a little smarting, but not to amount to anything, and but little, if any more, than would come from the use of warm water. The temperature of the water should be 100° F.

The patient was under treatment for nearly two years before she was cured. She is very comfortable now, except when she takes cold, when she has slight return of the urinary difficulty. Prof. Winckel recommends other injections, which I will try, should the difficulty return, and not yield to *Resorcin*. In a case so long continuing one is tempted to try everything.

The diet of the patient was watched and her feet and abdomen kept warm. She is pregnant now, and I am quite anxious to know how the termination of her present condition will affect her.

Is it not time for us once more to appreciate the fact that it is the duty of this great organization to lend its influence to the propagation of the essential truths of homœopathy, those truths which have made homœopathy an accepted power in the medical world, leaving the collateral branches for secondary consideration? — *Cowperthwaite*.

MEDICAL LEGISLATION AND EDUCATION.

By J. A. VINCENT, M.D.

SPRINGFIELD, ILL.

[A Report made to the Illinois Homœopathic Medical Association at its meeting in Chicago, May, 1898.]

THERE is little to say on the subject of medical legislation. In this State the present status seems to be satisfactory to all schools of medicine. The last legislature passed some amendments to the medical practice act, strengthening some weak points that experience had taught were necessary to give greater effect to the law, and to drive from the State certain disreputable street peddlers and showmen traveling under the guise of "Indian Doctors." I am pleased to say that the amended law has proved to be very efficient, and the State is now almost entirely free from these traveling impostors.

During the last session of the legislature there were some bills introduced amending the "Pharmacy Act," that, had they become a law, might have embarrassed and interfered with all physicians who dispense their own medicines. I presented to the committee having those bills in charge the full force and effect of such a law, the hardships, inconvenience and detriment, not only to our school, but to all physicians in the State who might wish to dispense their own medicines. The result was all that could be desired. The bills were never reported back to the house, and thus the matter ended.

MEDICAL EDUCATION.

There seems to be an increased interest on the subject of medical education. Legislative bodies, physicians and medical colleges (that is, many of them) are considering as to the best means of raising the standard. On that, as on all other important questions, there is a difference of opinion. Some colleges have extended the requirements for graduation to three terms of six months each. In some of the states the legislatures have enacted laws entirely ignoring medical colleges and their diplomas, requiring all physicians to pass an examination before a "state board of examiners." In this State, the state board plan has some advocates, and is being agitated to some extent by physicians and medical journals. The matter will probably be brought before the next session of the legislature. In case it is, we shall be on the alert to protect our interests and see that we have fair play. As a school of medicine, we care not how high the standard of medical education is

raised. All we ask is an equal and proper representation on the board. We then accept the issue and are willing to abide by the result.

INSANE ASYLUM.

There is a prospect that in the near future there will be one or more asylums for the insane built in this State. Our financial and numerical strength entitles us to the medical control of one of them. The question arises, Shall we make the effort? To obtain it would require a struggle; a long, strong, stubborn, united fight would be necessary. Should the Association think best to do so, some action should be taken to bring influence to bear all over the State. Otherwise we cannot expect to succeed.

STATE BOARD OF HEALTH.

Our State Board of Health has been and is doing good work. Their general management has been commendable. The rights of all schools have been recognized, and no attempt has been made to curtail the privileges of legitimate practitioners. We should, however, have an additional member on the board. There is no good reason why the homœopathic physicians of this state should not have another representative, and many reasons why they should. I will mention two of them: The board, under its present organization, contains four allopaths, one layman, one eclectic and one homœopath, and when we take into consideration the fact that the patrons of homœopathic physicians pay one-third of the entire taxes of the state, it is very evident that, according to the genius of American institutions, we should have at least two of the seven members of the board. We would then have on the board three allopaths, two homœopaths, one eclectic, and one layman, a proper distribution, and so constituted that no one school would have a majority. If the Association considers this matter of sufficient importance, I would suggest that suitable action be taken looking to this result at the proper time.

I now wish to return my sincere thanks to the members of this Association for the repeated compliment of an appointment to this position. I consider it no mean honor to hold the chairmanship of the "Bureau of Medical Legislation, Jurisprudence and Education."

The repeated appointment is to me satisfactory evidence that I have, in some measure, at least, discharged the important duties to your satisfaction.

VII.

HAY FEVER:

RHINITIS VASO-MOTORIA PERIODICA.

By E. LIPPINCOTT, M.D.

MEMPHIS, TENN.

THERAPEUTIC INDICATIONS.

Sambucus nigra.—When the degree of dyspnoea is greater than that of Ipec., and the cough less; extreme anxiety; face purple; asphyxia seems imminent; loud sibilant rales accompany the dyspnoea; free perspiration; the patient seems to sleep into the trouble.

Hippomanes mancinella.—Dr. B. W. James, (*U. S. Medical Investigator*, Vol. IV., 1876, page 424), says: "I have seen rapid improvement follow the use of it, especially where the attacks occur at night. We previously used *Arsenicum* in these cases."

Sulphur.—Sneezing on awakening in the morning, or on lying down at night. It is most useful where there are occasional attacks of urticaria, and in that form of hay fever where asthma is the special feature from the commencement of the attack. Profuse perspiration after the fits of sneezing or coughing; oppression of breathing between the paroxysms; sibilant dyspnoea; bluish lips; expectoration of a tenacious bronchial mucus; burning sensation in the larynx and trachea; violent paroxysms of coughing in the evening after lying down; constipation; hemorrhoids; skin affections.

Lachesis.—Long paroxysms of sneezing; profuse, acrid, coryza, causing excoriation, swelling, and redness of the nose; lachrymation with conjunctiva injected; violent, tickling, irritative cough, as if a hair was in the throat; constriction of the throat and lungs; oppression of breathing with pain in the lungs; sensitiveness of the larynx with a feeling of suffocation when touched; dyspnoea worse after sleep at night, after eating and after a nap in the daytime; prostration.

Dr. W. H. Holcombe has obtained brilliant palliative results with this remedy at the 2,000th attenuation.

Aconitum radix.—This medicine is recommended by many writers, but mainly at the onset of the malady, or for febrile disturbance; chilliness, or creeping chills; aching; profuse watery coryza; nervousness; restlessness; anxiety; coryza suppressed, followed by headache, or fullness of the head, heat in the nasal cavities, with frequent paroxysms of sneezing; dry, violent, racking cough, with stitches in the chest; photophobia, with a feeling as of sand in the eyes; hæmoptysis.

Euphrasia officinalis.—Frequent sneezing; profuse coryza and lachrymation; discharge of white mucus from the nose; severe itching and burning at the margins of the eyelids, with swelling and glueing of the edges; photophobia; dry, tickling cough; dyspnoea. It is indicated when the force of the disease is concentrated on the eyes.

Drosera rotundifolia.—When the cough accompanying this disease assumes a distinctly paroxysmal character, as if it partook of the nature of whooping cough.

Tartar emetic.—Sneezing; stoppage of nose alternating with fluid discharge; loose rattling cough, rattling of mucus, with little or no expectoration; oppression of breathing; nausea; aching in the muscles and joints; loss of taste and smell.

Pulsatilla.—Sneezing; coryza fluid or dry, or the discharge is of considerable consistence, thick, yellow, or green, and sometimes offensive; there is an alternate stoppage and discharge; discharge more copious in the open air; loss of taste and smell; abundant catarrhal expectoration; chilliness; vertigo; prostration; palpitation of the heart; aversion to milk and fat food.

Teucrium marum verum.—"The eyes look as if one had been weeping, with smarting in the canthi and redness of the conjunctiva. Redness and puffiness of the upper eyelids. Profuse smarting tears in the open air. Fine ringing in right ear when blowing the nose, squeaking as if air was forced through mucus. Tingling (itching) in the nose. Stinging, lancinating pain in the upper part of the nasal cavity. Frequent sneezing, with tingling in the nose without coryza (or followed by coryza). Sensation in one nostril as if it were half stopped."—A. L. Fisher, M.D., *U. S. Medical Investigator*, Vol. XII., 1880, page 187.

Sinapis nigra.—The venerable J. P. Dake, M.D., Nashville, Tenn., suggested to me the use of the ethereal oil of *Sinapis nigra*, by inhalation, to relieve the sneezing and check the abundant coryza. He informed me that he had found it of great service in cases of acute coryza. His plan of use is to saturate a bottle of pellets and inhale from them.

C. A. Groves, M.D., (*North American Journal of Homœopathy*, Vol. XXIX., 1880-81, page 630), says: "Dr. Butler, of Montclair, New Jersey, has relieved a number of cases with *Sinapis nigra*, and recommends the remedy."

Natrum arsenicosum.—"This prompt and most searching medicine can go far in the cure

of the predisposing cause of this poisoning (?). Besides the burning which is so characteristic of this disease, it has scores of other symptoms which show it to be favorable to many cases." — *J. E. Jones, M.D., Medical Advance*, Vol. XVIII., 1887, page 564.

Cuprum aceticum. — "If persevered with, cures many a case. Its nightly aggravation, burning excoriation, violent cough in paroxysms, fears of suffocation, burning pains, tough tenacious phlegm, etc." — *J. E. Jones, M.D., Medical Advance*, Vol. XVIII., 1887, page 564.

Ammonium bromide. — "In cases where the usual attendant symptoms are accompanied with a violent tickling cough. It also has more than a mere palliation; there is a changing of the diathesis." (?) — *J. E. Jones, M.D., Medical Advance*, Vol. XVIII., 1887, page 564.

Kali bromidum. — Dr. C. H. Blackley, says: "*Bromide of potassium* had some influence in delaying the attacks, but it was very feeble."

Iodide of mercury cum Iodide of potassium. — Dr. C. H. Blackley says: "This drug seemed, so far as I could judge by the few trials I had an opportunity of giving it, to promise excellent results; but as these results cannot be considered a sufficient test of its value, it will not be well to speak too confidently of it."

Ailanthus glandulosa. — Copious, thin, ichorous, bloody discharge from the nose.

Ammonium muriaticum. — "Burning in the eyes, and lachrymation at night. Rawness and soreness in the fauces. Is obliged to clear the throat frequently. Burning in *small spots* in the chest. Itching in the larynx. Dyspnoea on moving and when lying." — *Kippax on Fevers*, 1884, page 131.

Asarum Europeanum. — "Fluent discharge with deafness. Sensation as if the ears were plugged up with something." — *Kippax on Fevers*, 1884, page 132.

Bovista. — "Is specially indicated when the patient complains of fullness at the epigastrium; has to leave the clothing loose. The low dilutions are apt to aggravate, but the high act well. If you give the tincture in water, keep away from the patient till he forgets how much suffering it caused. — Advice from experience." — *Transactions Massachusetts Homœopathic Medical Society*, 1871 to 1877, Vol. IV., page 574.

Badiaga. — "Spasmodic cough, with sneezing and lachrymation. Yellow viscid mucus flies from the mouth and nostrils during the

paroxysm." — *Kippax on Fevers*, 1884, page 132.

Belladonna. — Is useful as an intercurrent remedy for the complication of neuralgia of right temple and eye; photophobia; wants to sleep and cannot; soreness of throat; flushed face.

Carbolic acid. — Coryza; lachrymation; short, dry cough; dyspnoea; inability to lie down.

Cyclamen Europeanum. — "When there is a great deal of sneezing, with rheumatic pains in the ears and head. Loss of smell." — *Kippax on Fevers*, 1884, page 132.

Cuprum metallicum. — Where the asthmatic attacks are sudden, or in the purely nervous asthma; respiration spasmodic; complicated with cramps and convulsive twitchings.

Hepar sulphuris calcarea. — "A tight cough with elevation of the shoulders with each inspiration." — *Transactions Massachusetts Homœopathic Medical Society*, 1871 to 1877, Vol. IV., page 574.

Opium. — Dr. C. H. Blackley, (*Hay Fever*, Second edition, 1880, page 274), says: "Opium is a remedy that often does good service in the asthmatic form of hay fever when paroxysms of suffocation come on during sleep, and when these are apt to be followed by violent fits of dry, racking cough that are relieved for a time by drinking a glass of water." He advises the first decimal attenuation.

Rumex crispus. — Violent and rapid sneezing; fluent coryza, with painful irritation in the nostrils; dryness of the posterior nares; violent, dry, periodical and paroxysmal cough with soreness therefrom behind the sternum.

There are other remedies recommended for use in this disease, but the provings of none of them point to their homœopathicity from a symptomatic standpoint. Some of them might be useful as intercurrent remedies for complications which arise.

(Concluded.)

In closing its columns to the *Oidium Medicum* discussion the *London Times* administers to the allopaths a stinging and well-deserved rebuke — one which would have been equally appropriate at any time in the history of the past in connection with old-school antagonism towards homœopathy. — *Courperthwaite*.

A CEREBRAL CASE TREATED UNDER DIFFICULTIES.

BY G. W. BOWEN, M.D.

FORT WAYNE, IND.

A PHYSICIAN aged 60, from severe exposure several cold nights in the winter of 1886, contracted pneumonia. He still went to his office and worked for two days; was then confined to the house for three days, then went to his office for two days, though suffering with severe pain in his right ear and neck.

The next day, February 13, he was taken with violent vertigo, and was unconscious for five or six days.

He was treated by an allopathic physician, who gave him Morphine and Bromide of potassa. I took charge of the case on the 25th of February, and the patient then had a discharge from the right ear which was found to come from inflammation of the middle ear. The discharge was pretty free and not offensive. He was very weak, could eat but very little; all secretions deficient; could not hear a clock tick unless it was placed against his head. Could neither taste or smell anything. He gained strength quite fast, so much so that he was carried to his office the first day of March and went there every day, yet was not able to sit up more than a few hours at a time; could not walk very safely, turn round suddenly or look up.

His latent energy or will power seemed to keep him up. I consulted many physicians, soliciting aid, but all said my patient must give up business, rest, or go West. This he could not do.

A Chicago physician seemed to be sanguine he could help him, and gave him Gels. in some form, and some special brand of California wine, and prescribed a fruit diet. This plan of treatment was followed nearly one month, when my patient got so weak he could scarcely walk or attend to any business at all. The vertigo was not any better. I then had my patient take one-fourth of a grain of pure Arsenious acid a day for four days. This gave him energy, vitality and vigor, so he could work and eat again, especially meat, to sustain his strength. Last May, (1887), Dr. Haynes, of Indianapolis, gave him *Agaricus musc.* 10,000, which he took for one month in July.

Last May his wife was taken sick, and in caring for her he lost nearly twenty nights' sleep, never going to bed but one night in that time. I supposed it would surely kill him, but he stood the strain surprisingly well, except in losing

twenty pounds in weight. Not much worse otherwise.

The *Agaricus musc.* made no perceptible change in his condition.

He is now able to do considerable mental work, but cannot bear much exertion, as it will invariably make him more dizzy. Vertigo is constant, even on turning in bed. His hearing, taste and smell are only partially restored, and he can neither walk in the dark or look up.

That nature has so far been the chief restorer, I am ready to admit, and that her efforts have been retarded is not to be doubted, since he has done so much work; and at times it seemed as if he went beyond human endurance by the loss of sleep, and in taking such hard rides in the country at night, sometimes to the extent of thirty or forty miles even last winter.

That the brain was involved is unmistakably evident by the nerves affected, as shown by the loss of hearing, taste and smell.

This slow and gradual return of function evinces a partial restoration; but will, or can there be a complete recovery? is with me a question of grave importance.

He still continues to live and toil as if unconscious of his apparent danger, and I must say I see no difference in his mental capacity; only in his physical.

He drinks coffee and uses tobacco moderately.

I have tried many medicines, in high and low attenuations, and have seen but little effect. I think that *Belladonna*, *Silicia* and *Phosphorus* have had some effect.

What will help him?

Dr. Bartholow himself surreptitiously appropriated material from homœopathic sources for the purpose of compiling a creditable work on materia medica and therapeutics, and without which his labors would have been in vain.
—*Cowperthwaite.*

COLORADO FOR CONSUMPTIVES.

BY REVEL BARTLETT, M.D.

BOULDER, COL.

MUCH has already been written, and much is known about Colorado as a health resort for those suffering from diseases of the throat and lungs, but there is yet one thing to be learned by those sufferers that should be known before they leave their homes, instead of it being left for them to find out by bitter experience after coming thousands of miles at great expense.

A ten years' experience in the profession in this State convinces me, as it must every conscientious observer, that while it is the climate par excellence for those suffering from, or predisposed to pulmonary and throat diseases, yet it is not all cases that can be benefited; and it is right here that I want to make my "point:" *The discrimination between the cases that can be cured by a residence here and those that cannot.* Our climate has cured thousands in the past and has health in store for millions in the future, but, powerful as it is for good, these blessings cannot be bestowed indiscriminately, but must be prescribed only after a thorough understanding of all the patient's needs and conditions.

To know whom to send here and when to send them requires much more study than is usually given to so important a question, and if we measure the consideration given in some cases, by the results to the patient, we can truthfully say that the physician who gave the advice was lamentably ignorant of the conditions present, or of the conditions that this climate will alleviate and cure. Many invalids are sent here by physicians who ought never to have left home, the result of which is that many more are led to remain at home, who ought to come and who, if they should come, would be restored to health.

How many physicians are there who send their consumptive and asthmatic patients here, who have never given one hour's thought to the question: "In what stages and conditions of these diseases will a change of climate cure or alleviate?" If there were fewer, I feel sure so many mistakes would not be made; patients would not be sent here to die before they reach their destination, or before they have been in the State twenty-four hours.

For their own reputation I should think the physicians would, at least, make their prognosis sufficiently correct to justify them in laying the blame to the climate, for the early death, and not have their patients die before they get here.

It will seem to some who may read this that my strictures on the physicians are unjust, but if they could witness the results of this mistaken advice, they would be convinced of the truth of my statements.

One has only to look into the daily papers here and he can all too often see an item similar to this: "Mr. A. B., a consumptive, died at the — hotel last evening, having arrived from the East the day before." Is it the physician's

fault? Generally it is. Very few invalids come here without the advice of a physician.

Can it be helped? is the important question. I believe it can.

Most physicians here, who have had much experience with this class of cases, can tell whether this climate will alleviate a given case or whether it will aggravate that case.

If those who send patients here cannot tell, then it is time they gave the subject some study, and not send their patients here to die away from the care and comforts of friends and home.

If I have offered no proof that this climate will and does cure consumption, it is not that proof is not abundant, but the only object of this article is to draw the attention of physicians to the fact that too many suffering from pulmonary diseases are sent here to die, and too many are kept at home to die, who could be sent here to live.

Gaseous Enemata in the Diagnosis of Perforation of the Intestines.

Before the Ohio State Medical Society Dr. R. H. Reed performed a series of experiments illustrating Dr. N. Senn's recent discoveries.

The first experiment consisted in etherizing a dog, and, by rectal injections of hydrogen gas, showing that this gas can be passed the entire length of the alimentary canal and be burned at the end of a stomach tube inserted into the dog's stomach.

The second experiment consisted in etherizing another dog, opening the abdominal walls, and making a perforated wound of the intestines, which were again replaced in the abdominal cavity, and by rectal injections of hydrogen gas it was shown that the gas escaped at the perforation of the intestine into the peritoneal cavity, and from there through a glass tube inserted into the abdominal wound, from which it was readily burned.

He then took the same dog and made a resection of the intestine, and united the upper and lower ends of the same by the rubber ring method.

The third experiment consisted in etherizing another dog, after which the dog was shot through the abdomen, and then by applying the hydrogen-gas test, demonstrated positively that the bullet perforated the intestine; he then repaired the wounded intestine by Prof. Senn's decalcified bone-plate method.

SELECTIONS.

Marriages by Syphilitics.

Dr. Morrow in a paper on the duration of the syphilogenic capacity in relation to marriage, presents the following conclusions:

1. The facts of every-day observation show that there is nothing constant in contagion, nothing certain in heredity. Many men marry with a syphilis in full activity of secondary manifestations, and never infect their wives or transmit the disease to their children.

2. The modern division of syphilis into secondary and tertiary period, based upon anatomical forms and processes, does not furnish a safe criterion for determining the contagious character of the lesions.

3. The completion of the second stage does not always mark the definite disappearance of the virulent principle; clinical experience shows the late lesions are exceptionally, but none the less certainly, the source of contagion.

4. The contagious activity of syphilis and its susceptibility of hereditary contagion cease after the third or fourth year as a rule, yet observations show that the qualities sometimes continue in force much longer, and may be manifest in the fifth and sixth year and even later.

5. The aptitude of syphilitic parents to procreate diseased children may persist after the cessation of all specific manifestations.

6. The precise date when the syphilitic organism reaches the limit of its contagious or transmissive power does not admit of mathematical expression.

7. This limit probably varies in different cases, and many circumstances contribute to advance or defer it.

8. The type of the syphilis, the constitutional peculiarities of the patient, the character of the treatment, the presence or absence of certain conditions which are recognized as factors of gravity in syphilis, all exert a modifying influence.

9. All these elements should be considered in deciding upon the advisability of a syphilitic man to marriage. Each case must be studied upon its individual merits.

10. The direct paternal transmission of syphilis without preliminary infection of the mother, may be classed among the most conclusively established facts of medical science.

11. It is, therefore, a dangerous doctrine to teach that the sole risks a syphilitic man introduces in marriage consist in the contagious accidents he may bear upon his own person.

12. The arbitrary designation of a limit of three or at the most four years as perfectly safe for a syphilitic man to marry, with or without treatment, and irrespective of the actual existence of specific lesions, is unwarranted by science or the teachings of experience. — *Hom. News.*

The Care of the Eyes.

At the sanitary convention held at Ann Arbor, Mich., not long ago, Dr. C. J. Lundy, of Detroit, read a paper on "Hygiene in Relation to the Eye," which should have the widest circulation, especially among teachers and school officers. A fruitful source of eye troubles is shown to be the excessive strain upon the muscles and nerves of the eyes due to faulty educational methods, the ill-planned and insufficient lighting of school rooms, poor ink and fine print in school books, and other causes which education might correct.

In conclusion, Dr. Lundy lays down the following rules for the better care of the eyes:

1. Avoid reading and study by poor light.
2. Light should come from the side, and not from the back or from the front.
3. Do not read or study while suffering great bodily fatigue or during recovery from illness.
4. Do not read while lying down.
5. Do not use the eyes too long at a time for near work, but give them occasional periods of rest.
6. Reading and study should be done systematically.
7. During study avoid the stooping position, or whatever tends to produce congestion of the head and face.
8. Select well-printed books.
9. Correct errors of refraction with proper glasses.
10. Avoid bad hygienic conditions and the use of alcohol and tobacco.
11. Take sufficient exercise in the open air.
12. Let the physical keep pace with the mental culture, for asthenopia is most usually observed in those who are lacking in physical development.

It is not for us, but for our children's children, and future generations, to fully realize the magnitude of the work which we are now carrying forward, and it is only for them to appreciate its full fruition. — *Cowperthwaite.*

Local Applications.

Until recently all my local applications had been in the crude form as tinctures or effusions, but I was led to try local applications of the lower potencies through a recommendation to that effect in Guernsey's *Obstetrics*. The results have been so good as to induce me to go further in this direction, and besides, the logic of the position is irresistible: If the effective, penetrating force of drugs is heightened in activity by potentization, the necessity for the use of such potencies externally is greater, if that be possible, than the same internally.

I will now endeavor to give, as concisely as possible, a list of remedies, with their homœopathic usefulness externally, with the understood proviso

throughout, that other symptoms must agree, and that the topical application of a drug must be supplementary to its internal use, not substitutive.

ACETIC ACID.—Burns and scalds. Stings and bites of animals, even rabid.

After bruises and sprains, when dry heat follows.

VINEGAR.—Apply freely to lips and nostrils in cases of prolonged unconsciousness from all anæsthetic vapors, and for subsequent drowsiness, dizziness, headache, etc.

ACONITE.—Burns from alkalies.

Apply compress wet with potency to forehead in cases of sunstroke from direct exposure. Eye wash in inflammation from foreign bodies, cold and suppressed gonorrhœa. Enema for ascarides; also after each stool in infantile chopped-spinach diarrhœa. As a surgical dressing in grave cases of injury with internal congestions (C. Hg).

ÆSCULUS.—Anal and hemorrhoidal troubles, as enema, wash or unguentum.

AGNUS CASTUS.—Sometimes indicated in bruises and wounds, sprains, dislocations, and strains from overlifting.

Prevents excoriation from walking. Wash for itching ulcers.

AMMONIA CARB.—Rhus poisoning. Insect stings.

ANACARDIUM.—Rhus poisoning.

ARNICA.—The first application to be made in all cases of traumatism; for this purpose an infusion of the flowers, made at the time, will be found most generally useful; the injured part may be immersed in a pail or pan of tepid water colored with the infusion. In cases of central concussion, use freely as a wash or douche, or even a bath.

After evacuation of cold abscess, burrowing pus, etc., inject watery solution to prevent further supuration and septicæmia, varicose and painful ulcers, small painful boils, painful corns, insect stings, and bites of rabid or angry animals.

ARSENIC.—Old ulcers, carbuncles, open cancers with agonizing burning pain; a trituration in water or applied dry to the part may give considerable relief and supplement the internal action of the drug very satisfactorily.

BELLADONNA is frequently applied to boils indiscriminately. Should be used only when indicated, and then a potency will be found more efficacious than the tincture.

CALENDULA.—Injuries with destruction of tissue; wounds made by machinery; in lacerated perineum it is invaluable, as with Arnica; keep the flowers on hand and make a fresh infusion when needed.

CANTHARIS—In burns of the first degree, before blisters have formed, painting with a low potency will give immediate relief and prevent the bullæ rising. In more severe burns and scalds use higher potency in water, as a soothing and healing dressing. Said to have removed freckles, but this cannot be vouched for.

STAPHISAGRIA.—Mechanical injuries from sharp cutting instruments, hence after surgical operations.

TEREBINTHINA.—Burns and scalds of second degree.

URTICA URENS.—Burns, involving only the skin. Much burning, accompanied by itching.—*Hom. News*

All papers whose authors are not present should be read by title and referred, unless their reading is requested by two-thirds of the members present at the sectional meeting at which such papers are presented. Also a limited amount of time should be allowed for the discussion of each paper immediately after it has been read.—*Cowperthwaite*.

Surgical Aphorisms.

In reducing the principal dislocations, the method known as the *Manipulatory* should be practiced.

1. *Diagnosis and Reduction of the Hip-joint.*

(a.) If the great toe of the injured leg rests on the tarsal bones of the opposite foot, and you have preternatural immobility, the head of the femur is on the dorsum of the ilium.

To reduce it by manipulation, grasp the leg with one hand and the thigh with the other; flex the leg upon the thigh and the thigh upon the abdomen; carry the leg upward, over the opposite leg, until it meets with resistance; now rotate the thigh inwards; continue to move the leg in the way it will go the easiest, upwards and outwards; then bring it down alongside of the other leg. Thus the leg in its course has traveled in an oblong circle.

(b.) If the great toe of the injured leg rests on the root of the great toe of the opposite foot, and there is preternatural immobility, the head of the femur is resting in the ischiatic notch.

To reduce it, grasp the leg as in the former case, and manipulate in every respect as in the former, except in a lesser degree, so that the circle will be less, and the joint will be reduced.

(c.) If the foot is in extreme abduction, standing almost at right angles with the body, and you have preternatural immobility and half an inch shortening, the head of the bone will be found on the pubis.

To reduce it, grasp the leg with one hand and the thigh with the other, flexing the leg on the thigh and the thigh on the abdomen, carrying the leg up in an abducted position. A little care must be exercised in rotating in this case. As the head of the bone is liable to slip over the spine of the pubis and hang there, the thigh should first be rotated slightly outwards, then extension made; after this, and while extension is kept up, rotate

inwards. Now carry the knee upwards and inwards; then, sweeping the circle, bring it down alongside the opposite leg.

(d.) If the foot is abducted standing in front of the body, the leg elongated, and there is immobility, the head of the bone is in the foramen thyroideum.

Reduce it by grasping as in the former case and carrying the leg up; rotate the thigh inwards, and sweep around the circle the same as above, only in a lesser degree. Thus the manipulatory method is fully carried out.

2. *Dislocations of the Shoulder-joint.*—First find out where the head of the bone is resting.

If the head of the humerus is in the axilla, follow up in their order the following instructions:

First, flex the elbow at right angles; second, carry the elbow out from the body and up, so that the shoulder will form another right angle. Now, with one hand on the acromion process and the other holding the humerus at the elbow, use extension and counter-extension to dislodge the head of the bone; now sweep the arm in detour, upwards and forwards, describing a circle, and bringing it down by the side of the body.

If the head of the humerus is under the clavicle, or under the corocoid process, observe the following particulars:

Use extension and counter-extension, first, in the line in which you find the axis of the humerus.

Secondly, raise the arm at right angles with the body, the elbow flexed; third, make the detour in all respects as in the former.

If the head of the bone is under the spine of the scapula, use extension and counter-extension first, then raise the arm, then make the detour from before up and backwards.

3. *Fractures.*—In treating fractured bones of the forearm, never use plaster-of-Paris bandage without an underlying splint, as the broken bones will surely be drawn together, and the arm maimed.

To keep the bones of the forearm apart, two flat splints, wider than the arm, should be used.

In fractures of the radius, between the insertion of the biceps and the pronator-radialis muscles, the hand should be *supined*—the splints turned at right angles, to fix the elbow; the splints wider than the arm, to keep the bones apart; and the hand supined, to obtain the proper rotatory adjustment.

In fractures of the radius near the wrist, or in its lower half, the hand is better semi-proned; the splints should reach only to the roots of the fingers; farther than this impedes the movement of the fingers and leaves them stiff, as the tendons become tied down by adhesions.

In fractures of the femur there is usually overlapping of the fragments, and shortening is the result.

Means of extension and counter-extension may often be dispensed with by flexing the leg. An in-

clined or a double-inclined plane is often sufficient. If you use a weight and pulley extension, see that the weight is not too heavy. Measure every third day, so that the weight may be reduced.

A fracture just below the minor trochanter requires a greater inclination than when broken in the middle of the shaft, a lesser inclination in the middle of the shaft, and then again a greater at the base of the condyles at the knee.

A fracture of the condyles, when there is splitting into the knee-joint, should be set in the straight position.

4. *Hip-joint Disease.*—When called to examine a patient with pain in the knee, and you are unable to find a local lesion, you may suspicion hip-joint disease. If you do not find in the hip evident objective symptoms, you should carefully examine the back for vertebral disease.

Apparent elongation of the leg in hip-joint marks the second stage of the disease, and apparent shortening marks the third stage; these should not be interpreted as dislocations. In the first stage of hip-joint, rest in the recumbent posture is the treatment. In the second and third stages an extending apparatus should be worn, and the patient allowed the open air.

5. *Ulcers.*—In the examination of an ulcer look for the direct excitant. This may be local or constitutional.

If the ulcer is on any part of the body above the knee, unless in case of a burn or other traumatic cause, you are led to suspicion a constitutional cause. If below the knee, and on the posterior aspect, look for constitutional cause, unless it is traumatic.

Ulcers are prevented from healing by fetid discharges, by uncleanness, by the leg being too dependent, and by the indurated state of the limb. To cure, you must correct these. Rest, elevation and antiseptics are suggested. The day of ointments has passed away.

Don't scrub an ulcer. Don't grease an ulcer. Don't allow it to become filthy. Don't allow the limb to hang down; or if you cannot avoid this, use a bandage as a means of compression.

6. *Amputations.*—In amputating a finger, do not sacrifice the length to follow any special form. Leave the stump as long as possible. Make your flap from the anterior portion, so the cicatrix will rest posteriorly. Preserve the tendinous insertions where it is possible.

In removing the metacarpal bones, preserve the breadth of the hand if possible.

If the periosteum remains, and the parts are crowded together, the new formation is likely to crowd upon the nerves and give rise to painful sensations.

In crushing accidents, save as much of the hand and fingers as possible. The most useless part is better than an artificial hand.

In contractions of the fingers, a sub-cutaneous division of the fibres may be sufficient to correct the deformity. A V-shaped flap, with the apex looking towards the wrist, affords a good incision, so that when stitched, after the straightening of the finger, the incision will present the shape of a Y, which allows an elongation of the palmar fascia.

7. *Tumors*.—In the extirpation of benign tumors, I secure union by first intention by sprinkling the parts well with the impalpable powder of Boracic acid, and covering with cade gauze. I use the Boracic acid with impunity, rubbing it into the raw surfaces; it never poisons, and does not interfere with primary union.—*Dr. Younkin, in Am. Med. Jour.*

It is a duty that we owe to ourselves as well as to the country, to use all our efforts to advance the standard of medical education, and thus make the diplomas of an American college equal to those of any other country in the world.—*Cowperthwaite.*

Treatment of Acne.

As every ordinary suppuration must be regarded as due to the invasion of pus microbes, so the clinical picture of acne divides itself into two essentially distinct sections. These are, the process of follicular obstruction and of the formation of comedones, and the process of suppuration in the follicle. Comedones are often erroneously separated from acne; their sole cause is the abnormally firm coherence of the horny layer on portions of the skin provided with lanugo hairs. Whether this change in the horny layer is due to a partial anæmia of the skin, or to the presence of special organisms, is not known. The second part of the process, the suppuration of the follicle, takes place only in those plugged glands within which pus microbes have entered before their closure, and which have been subjected subsequently to irritation (mechanical, eczematous, or from Tar, Chrysarobin, Iodine or Bromine), which has facilitated the intrusion of the pus microbes into the follicular walls. Thus the treatment of acne has to fulfill two chief indications—to loosen the corneous layer and to destroy the microbes. The horny layer can be best removed slowly by means of Sulphur and Resorcin, while the hyperæmia associated with all efforts at reducing cornification is lessened by the application of Oxide of zinc. Resorcin has this advantage over Sulphur, that Corrosive sublimate, the best agent for destroying micro-organisms, can be combined with it; Carbolic acid, on the other hand, goes best

with Sulphur. Twice or thrice a week the whole surface should be gently scraped, the pustules punctured, and the comedones pressed out. The effect of treatment should be observed at frequent intervals. Every acne patient must wash with soap, and employ water as hot as he can bear, in order to soften the horny layer.—*Dr. Unna.*

From the evidences before us we are forced to conclude that however great is the progress being made by the dominant school of medicine in the auxiliary sciences, its therapeutics is still struggling in the dark.—*Cowperthwaite.*

Treatment of Compound Fractures.

I believe that all compound fractures should be at once cut down upon for the purpose of thoroughly disinfecting and cleansing the wound; also to remove all detached spiculæ of bone and any foreign body that might have been carried into the wound by the fractured bone.

At this stage of the operation, if the fracture is found to be oblique, or near the joint, it should be wired, as it is essential for repair to keep the bones and injured soft parts absolutely at rest, and it would be found difficult or quite impossible to do so without securing the fractured bones by wiring. By securing absolute rest of the bones, the reparative process is not interfered with, and a compound will be converted into a simple fracture in a single week.

The size of the external wound should not be considered.

These cases of small wounds are often attended with the greatest amount of injury to bones and soft parts, and will frequently develop the most serious symptoms of wound infection, followed by septicæmia and its consequences.

I cannot too strongly protest against the method of "sealing these small wounds with adhesive plaster," and trusting the case to the chances of nature. It is as irrational and unscientific as to plaster a punctured wound, trusting that there is no sliver in the flesh. If the bone has been driven through the skin, and has come in contact with infection, which is abundant in the clothing, the wound will quite likely become infected, and our duty as surgeons is quite clearly defined.—*Post Grad.—Am. Med. Digest.*

The evidences of progress in the domain of biology, physiology, pathology, and etiology are abundant, which, together with surgery and obstetrics, seem to be obtaining a much greater degree of perfection.—*Cowperthwaite.*

Obstetric Methods in Prague.

Before examining a woman in labor, the nails are cut and cleaned and the hands and arms scrubbed with soap and water and a brush. This is followed by irrigation with Corrosive sublimate solution (1 to 1000), and the hands are held in a basin of Sublimate solution (1 to 1000) for a minute or so. Instruments are allowed to remain half an hour in Carbolic acid water after being used. Catheters are boiled half an hour in a 5 per cent Carbolic acid solution and cleaned internally with a brush. The catheters are specially made, the eye being double and going directly through the catheter, and the portion above the eye being filled in with lead, allowing no crevice for the collection of dirt. The external genitals are carefully washed with Carbolic acid solution, before the catheter is passed, to remove mucus which might be carried into the bladder before it. Cystitis seldom occurs, and then only when the catheter is not clean. Hypodermic needles are heated in the flame of the gas, and before giving an injection the skin is washed. Small instruments, such as dressing forceps, are also held in the gas flame.

The following antiseptic precautions are adopted with regard to the patients: Upon their entering the hospital and before the first examination is made the vagina is irrigated with Corrosive sublimate solution (1 to 2000). Patients are not irrigated daily unless they have some abnormal secretion, such as leucorrhœa. Upon the beginning of labor the vagina is irrigated before the first examination. The irrigation is not repeated during the course of the labor unless a number of students have examined the case, and the patient has fever or hemorrhage, or there is an indication for the use of instruments.

After the birth of the child the external genitals alone are washed, and the vagina is not irrigated in normal cases. When, however, any considerable laceration of its structure has taken place or instruments have been used, irrigation is employed. The uterus is never washed unless it has been operated upon, as in applying the forceps with the child high up, or in perforation or craniotomy.

The uterus is never washed with Bichloride, Carbolic acid solution being always used in the strength of 3 per cent for prophylaxis, or, when infection is present, 4 to 5 per cent.

After every uterine irrigation two Iodoform suppositories are introduced into the uterus. All wounds of the genital passages are sewed up and dressed with Iodoform.

After the birth of the child and before the placenta has come away the vulva is covered with a sheet of cotton soaked in Chlorine water, which is left till soiled, and then replaced by a fresh one. This is changed every two hours at first, and afterward three times a day. Before the birth the genitals are washed with soap and Sublimate solution. During the puerperal state the external genitals are washed with Sublimate, the vagina is not irrigated while patient is doing well.

Foul smelling lochia, a discharge too profuse in quantity, and the continuance of blood in the flow for a longer time than normal, are considered indications for irrigating the vagina either with Carbolic acid or Corrosive sublimate solution. The Sublimate is never used when the patient is excessively anæmic or is suffering from kidney disease or diarrhœa. When the discharge is normal in character but profuse in quantity, an astringent — either Alum or Acetate of lead — is used as an injection. The uterus is never washed out without an indication, as, for example, if the patient has fever or endometritis, or the membranes or placenta are retained. Carbolic acid solution from 3 to 4 per cent is made use of in such cases.

In examining a patient with septicæmia, if, upon the introduction of the speculum, any portions of the vagina are found covered with diphtheritic deposit, the vagina is first irrigated, and then the patches of exudate are touched with tincture of Iodine. When everything has been made clean, so that nothing septic can be introduced into the uterus, the organ is thoroughly examined.

The rooms for puerperal cases, each one containing six beds, are washed once in ten days with soap and water and Hypochlorite of lime solution. Woven wire springs are used on the beds, and the mattresses are taken out of doors, beaten, and aired. In the lying-in room the beds are changed daily. In septic cases the rooms are washed as usual, and, in addition, a spray of Carbolic acid is used with the atomizer. The bedsteads are put into a room and exposed to a high temperature, the mattresses are beaten and aired, and, if discharges have soaked through the rubber cloth with which each bed is protected, the mattress is burned. — *N. Y. Med. Journal.*

Treatment of the Umbilical Cord.

If the ligature be thin, it is liable to cut through the walls of the blood vessels prematurely; if too thick, it may not suffice to compress them satisfactorily. It ought to be applied at a

distance of from one and a half to two and a half inches from the abdominal wall. Not nearer, in order to avoid the effect of the immense muscular power of the umbilical arteries inside the abdominal cavity. A second ligature is placed about an inch from the first, and the cord cut between them. It is a good rule, which must surely be adhered to in every case of thick cord, to apply an additional ligature between the first and the abdominal wall, to avoid hemorrhage from the insufficiently compressed arteries, which may take place after the cord has commenced to shrink. The abdominal end of the cord is then wrapped up in a dry and soft piece of linen, lint, or cotton, placed on the left side of the abdomen, and fastened, by means of a soft flannel bandage, which is wide enough to cover the larger part of the chest and all of the abdomen, so as not to slip.

In wrapping up the end of the cord no oil must be used. Warmth and dryness favor mummification; moisture and exclusion of air, gangrene. This holds good also for the cord when it is separated from the living baby by an additional ligature, and in the dead. Thus, the former forensic axiom, that a dry cord proved life, which prevailed for decades after Macke had demonstrated its fallacy as early as 1853, is absolutely worthless. Thus, fatty substances, and moisture of any kind, must be avoided as much as possible. Powdered Sub-nitrate of bismuth or Oxide of zinc, or Iodoform, or Salicylic acid, one part with ten parts of starch, may be dusted round the insertion of the cord and over the stump daily. The latter application is not necessarily useless (from the point of view of antiseptis), for the separation of the cord is a gradual one, and not uniform through the whole thickness of the amnion and the three blood vessels.

The size of sore stump and the rapidity or slowness of cicatrization depend upon the thickness of the cord, the intensity of the line of demarcation, and the reactive inflammation. The latter are most marked in vigorous infants. As a rule, the surface is dry a few days after the falling of the cord, and cicatrization complete within twelve or fifteen days after birth. This normal process is, however, disturbed by careless handling, local irritation, and infectious influences. In these cases there is a serous or purulent secretion, and cicatrization may be deferred for many weeks. Under these circumstances local treatment is required. Carbolic acid ought to be avoided, for the newly born in-

fant is easily influenced by its poisonous properties. Solutions of Lead, Zinc, or Alum answer quite well. As before, however, I recommend the powders of Zinc oxide, Bismuth sub-nitrate, Alum with starch, Salicylic acid with starch, or Iodoform. Such measures will always prove helpful; to omit them in times of erysipelas or diphtheria is unpardonable. Perchloride of iron, or Sub-sulphate of iron, must not be used. Under the hard coagulation formed by its application over the whole wound secretions will accumulate, cannot escape, are absorbed, and produce sepsis. I have seen babies die from applications of iron to the umbilical stump, as I know of women dying for the same reason when the hemorrhages from their uteri or from the lacerated vagina were maltreated in the same manner.—*Archives of Pediatrics*.

Moist Heat After Operations for Senile Gangrene.

Dr. Heuel gives at considerable length the history of a case treated by the method indicated. The heat was applied by means of a thick, warm carbolized poultice, which in turn was covered with a piece of oiled muslin and a woolen shawl, the object being to retain the heat of the poultice as long as possible. Fresh poultices were ordered to be applied every hour, night and day. He concludes as follows:

1st. In an enfeebled subject the healing process is greatly assisted by artificially supplying moist heat to the part, thereby stimulating the capillary circulation from the outset. I think if I had used the poultice as above described immediately after my Lisfranc's amputation, primary union would have resulted instead of phagedena.

2d. In enfeebled subjects we can assist nature in nourishing skin grafts by stimulating the local capillary circulation through the agency of moist heat.

3d. Skin grafts should be one-eighth by one-half inch, if not larger, and should be applied freshly cut, directly to the freshened and bleeding surface of the wound, thus making use of the fibrin of the blood to secure the grafts in position.—*The Epitome*.

The old school has never been able or willing to meet homœopathy upon the fair ground of open and honest discussion, but has invariably resorted to a travesty of arguments, only such as prejudice, ignorance, or malice might suggest.—*Cowperthwaite*.

A sub-committee of the American Medical Association on the subject of infant feeding offers the following as useful rules: 1. In the case of infants deprived of breast-milk the artificial substitute should correspond as nearly as possible to human milk. 2. Cow's milk corresponds to breast-milk in most respects, but its caseine should be broken up, so as not to coagulate in large masses in the stomach. A portion of milk should be first peptonized and then added to fresh milk. 3. Raw starch is inadmissible, and the practice of adding it to fresh milk is wrong. Fully digested food for either adults or infants is bad for the digestive organs. 4. All nursing bottles should be boiled several times a day in order to destroy the germs of decomposition. Desiccated (partly peptonized) milk is often a convenient and efficient substitute for mother's milk.

"The conditions formulated by the Committee on Infants' Foods at the American Medical Association are approximated more nearly by Carnrick's Food than by any other with which we are familiar." Editorial note in *Philadelphia Medical Times*, June 1, 1888.

The records of the International Medical Congress are filled with the results of more or less valuable experiments and discoveries in the realms of the various sciences auxiliary to medicine, but materia medica and therapeutics fills but a small niche in its literature. — *Cowperthwaite*.

Rapidity of the Multiplication of Bacteria.

Small as they are, bacteria are by no means insignificant. Like aphides and other small insect-pests, they possess the power of multiplying with great rapidity, but they far exceed their most active competitors in this respect. Cohn has calculated that a species undergoing fission once an hour — which is not too high an estimate for some species — under favorable circumstances might count nearly seventeen million offspring at the end of twenty-four hours, while in about a week the number could be represented only by the use of fifty-one figures, so that it is practically meaningless to the ordinary mind; but to give some means of comparison he calculates the space that these microscopic beings would occupy if each were about twice the size of that which I have spoken of, and finds that in five days the progeny of a single cell, if all survived and were equally pro-

lific, would occupy nine hundred and twenty-eight million cubic miles, the volume of the ocean. Of course their reproduction is checked greatly by unfavorable conditions and by their enemies, but what wonder if the germs of putrefaction and disease are well-nigh omnipresent?

Though bacteria are exceedingly minute and simple beings, we have seen that their power of multiplication, if unchecked, is incomprehensibly great. Their influence on higher organisms is also entirely disproportionate to their size. Containing no assimilating pigment, they resemble other fungi, as well as animals, in being dependent upon organic matter for their nutrition; hence they must live either as saprophytes, utilizing the substance of dead animals or plants, or as parasites, obtaining their food from living beings, — often at the expense of the health or life of the latter. — *Medical Register*.

Our labors are not ended, nor can we hope to lay our armor by so long as medical intolerance and bigotry prevail and prevent the full acceptance of those truths for the promulgation of which we are so earnestly striving. — *Cowperthwaite*.

COLLEGE NEWS.

San Francisco.

HAHNEMANN MEDICAL COLLEGE DISPENSARY.

Mrs. C., aged 80, came to the dispensary complaining of oedema of the feet, which condition Lycopodium 6x relieved temporarily. The patient returned some time later with the condition very much aggravated. The tension had become so great that the skin had broken, and the water oozed from the right leg so that for the space of four inches above the ankle was a raw, excoriated surface. The heart was examined and an aortic stenotic and regurgitant murmur was found, and an aneurism in the supra-clavicular space. Under Apocynum ϕ , 6 drops in a half glass of water, the urine, which was very scanty, increased in quantity, the drowsiness and apathy, which were marked, diminished. Thirst and restlessness and other symptoms of Arsenic developed, for which Apocynum was changed to Arsenic 6x. The right leg, upon which was the large area of excoriation, had applications of Calendula and was carefully band-

aged. At present the condition of the patient is as follows: The edema of the extremities has diminished in a marked degree, the excoriation is almost healed, and the patient's general condition is much improved, appetite and sleep good. The case is instructive, as showing how the remedy, when properly indicated, will ameliorate an apparently hopeless condition and sustain a patient in a comfortable condition, though suffering with a serious organic lesion.

Phosphorus 6x, in continuous daily doses for months, in case of incipient senile cataract, has cleared up the eyes in a remarkable degree, the patient reporting that he could now see "just as well as ever."

A similar case, bearing a history of traumatism, the patient having so nearly lost his sight as to be led to the dispensary, has, under Phosphorus 6x, improved so greatly that the man expects to go to work again soon. His face fairly beams as he comes into the dispensary.

An interesting case of uterine polypi, protruding from the os, and causing dysmenorrhœa, accompanied by the characteristic Sanguinaria headache, has been greatly relieved by that remedy, the polypi being already diminished to one-fourth size when first examined.

Also a case of fibro-myoma is being reduced under Calc. iod. 6x.

Calc. phos. 30, in small girl's constant morning headache, frequently attended with nausea and vomiting, cured promptly.

Viola tricolor ϕ in one prescription cured a case of thick incrustations on scalp, matting the hair with a sticky, ill-smelling exudate.

many in this region, and makes life a burden to its victims. But both correspondents mentioned remedies which had already been used in the case.

Will not some colleague who has been called upon to treat a similar case, and who has done so successfully, give his experience to

Your obedient servant,

DR. TAYLOR.

Concord, Mass.

Homœopathic Medical Society of the State of New York.

ROCHESTER, N. Y., July 24, 1888.

The semi-annual meeting of the Homœopathic Medical Society of the State of New York will be held in Syracuse, September 11 and 12. The prospects for an enjoyable and profitable meeting are most excellent.

The president, Wm. Tod Helmuth, M.D., of New York City, will preside, and a large attendance is confidently expected. Particulars will be given in the circular, which will be issued about September 1.

HERBERT M. DAYFOOT, Secretary.

CHICAGO, JULY 3, 1888.

Editors MEDICAL ERA:—The unreliability of newspaper reports is well understood, though they usually have *some* foundation in fact. The following appeared in a recent issue of the *Sunday Herald*:

▲ Cud of Tobacco for Croup.

Although Dr. S. Leavitt, Professor of Hahnemann College, does not use tobacco in any form, he is never without a small package of fine cut in his pocket, and the reason of it is this: A gentleman of the doctor's acquaintance told him how he had saved his child's life after all the doctors had given her up. She had membranous croup, and while the mother, from sheer exhaustion, had lain down for a few moment's rest, the father sat by the child. The hard, difficult breathing of the little one, growing fainter and fainter as the throat clogged up, was torture to the father. Everything in the way of emetics had been used, but without effect, but suddenly an idea struck the nearly distracted father. He remembered how deathly sick he was the first time he chewed tobacco, and having a cud in his mouth, without thinking twice he opened the child's mouth and placed the tobacco in. The father knew it was a desperate act, and he waited in terrible suspense for the result. It

CORRESPONDENCE.

SAN FRANCISCO, July 16, 1888.

Editor MEDICAL ERA:

I am glad to see the allusion to woman's dress in your editorial column. I hope to see all medical journals unite in impressing upon the physician his duty to his patient in that she should be properly instructed as to the harmfulness of her present methods of dress. Mme. Jenness Miller's *Dress* is a step in the right direction, and the magazine should be recommended to our patients. I. V. STAMBACH.

Intestinal Gas.

Editor MEDICAL ERA:—I received but two communications from your section in regard to the treatment of this malady, which afflicts so

came, and quicker than he could have hoped. There was a sudden convulsive movement and the poor little thing was nearly doubled for an instant, and seemed to writhe in agony when, throwing herself forward, there shot from her throat a chunk of almost solid phlegm at least two inches long and having through it a passage no larger than a small lead pencil. After a few minutes of retching the little one lay quietly back and slept calmly and sweetly, and the next day was playing around the house with all her wonted vim. Dr. Leavitt remarked that it was a tough remedy, but said he would always carry tobacco hereafter, and he does.

Fearing that the foregoing has met the eyes of some of my homœopathic brethren, I want to say that I do not carry tobacco, I never knew it to be administered in croup, and have no idea why my loyalty to homœopathic principles should be so lightly spoken of.

Truly yours,

SHELDON LEAVITT, M.D.

The Southern Field.

Editors of THE MEDICAL ERA:

I am frequently the recipient of letters from physicians in various parts of the country, making inquiries as to the Southern field of practice. These inquiries embrace a very wide range — including almost everything, from the effect of the climate on an enlarged tonsil to the result obtained from a high potency administered to a sick negro — and I have concluded to give THE ERA some general observations, which, in my humble opinion, will be found truthful and accurate.

The Southern people, whilst provincial and conservative, are as free from bigotry and prejudice as any people known to current history, and if conservative, are as quick to investigate and adopt a new method of practice as its merits will warrant. They are not as enterprising as they might be in some things, and devote a good many hours to narrating anecdotes of Clay and Jackson, that might be utilized in a thousand ways for the promotion of their material interests.

But the South of to-day is not the ante-bellum South any more than the Chicago river is like the stream flowing by Louisville, and the man who comes here will find us at work, digging coal, making pig-iron, boring for natural gas, stretching electric wires, and otherwise keeping ourselves out of mischief and the penitentiary by aiding in the material development of the country.

There is a strong, even aggressive, homœopathic sentiment among the more enlightened circles in Kentucky and elsewhere in the South, and this sentiment can be readily crystallized by substantial, upright men. Homœopathy is stronger in rural localities in Kentucky than it is in Illinois, outside of Chicago, but we have no hospitals or dispensaries in our cities, and but one journal — a great big team all by itself, let me remark — in the entire southern country. Homœopathic physicians were not numerous in this Commonwealth a dozen years ago, but to-day, according to a published list, we have more than a hundred, pretty evenly divided over the State according to population. The success of many men in the State has been extremely gratifying both to themselves and to the friends of homœopathy everywhere.

We have a live State Society, which meets next year at Louisville, and to which all good homœopaths are cordially invited to send papers and to be present in person.

As to climate, the State is comparatively free from sudden changes, and from extremes of temperature and winds. There is said to be malaria (whatever that may mean) in some parts of the State. Throat troubles seem to do well here and consumption is by no means a Kentucky disease. The mercury did not even reach 0 last winter.

Some one breaks the silence by asking, "What about collections?" Well, we *collect* down here once in a while, send out and receipt bills just like they do in Paris and London, and manage to get along pretty well after all. Seriously I do not know that there is any difference between collections here and collections elsewhere under similar conditions. Some physicians render bills every month, whilst others collect quarterly.

The Southern people are nothing if not sympathetic and sociable, and the northerner coming among them to practice homœopathy will find strong personal influences always at work in his favor. The friends of homœopathic practice seem to take a larger share of personal interest in its success than people take elsewhere.

In conclusion, Dr. B. is reminded that the South is, like the West, an integral part of the reunited and indissoluble Union, that the stars and stripes wave gloriously over the land of the cypress and the palmetto, and that the bright light of *similia* is rapidly breaking upon the dark places and deep shadows of a land once blighted by what curses and hindrances I need not mention.

HOWARD CRUTCHER.

LOUISVILLE, July, 1888.

MISCELLANY.

Minnesota.

All medical schools of the state have been merged into a department of the State University. There are fourteen homœopathic professors and thirty-two allopathic, all of whom give their services for five years without remuneration. Anatomy, chemistry and physiology are taught in common. The dean of the entire faculty is a "regular."

Mistake in Practice.

A correspondent of the *Medical World* makes the following confession:

I was called on May 21st, to Mrs. H., aged forty-five years, twelve hours after delivery of her second child. I found her suffering the most excruciating pain from prolapsus ani, but my mistake was in diagnosing it external hemorrhoids. The congestion was very great and the parts were livid. I applied a four per cent solution of Cocaine and waited about ten minutes. I then laid the tumor open in three places, and after the subsidence of the swelling, found, to my shameful surprise, that I had opened the gut in just so many places. I then waited for some days and found that there was no trouble in passing feces, and the parts seemed to be healing nicely with the aid of Iodoform and Borax. I intended to bring the incised parts together with sutures, but finding that the compresses of absorbent cotton were doing all that could be expected, I decided to let the healing go on without any further disturbance.

Mrs. H. is now well and in her third pregnancy. An old physician of forty years' practice was called in, in my absence, and I never knew of it until my patient was well and discharged. He never discovered the mistake, and thanks to God for it.

Can any one tell me who was the most ignorant? His eyes are good and we are not of the same church.

PUBLICATIONS OF THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY. 1887.

This neat volume contains a record of the transactions of the society for two meetings—an annual and a semi-annual. In it there is much good reading. Many of the articles have already appeared in the pages of the *New England Medical Gazette*.

PERSONALS.

Dr. A. K. Crawford has returned from California to resume practice in Chicago.

Dr. C. G. Fellows, of Waukesha, Wis., has gone to Europe to spend a year in study in Paris and Vienna.

Dr. F. F. Casseday, of Kansas City, is registered at the Palmer House.

Dr. J. W. Coyner, of Peoria, has gone to Europe to spend a year. He will attend the hospitals of London and Edinburgh.

Dr. J. F. Beaumont, of Minneapolis, has been appointed by the regents to the Chair of Ophthalmology in the University Homœopathic College.

Dr. W. D. Gentry, of Kansas City, has in preparation a "Concordance Repertory," which is highly spoken of by those who have examined it. Dr. G. will send a descriptive circular to all who send him their address.

MOXIE.—This famous "tonic" is composed of a solution containing checkerberry, glucose, sodium carb., sassafras, gentian and quassia, a compound which is advertised as a decoction of "South American greens!"

THE LATEST REPORTS OF PASTEUR'S ANTIRABIC INOCULATIONS.—In 1887 there were 306 persons living in the Department of the Seine who presented themselves for treatment at the Institute. Among them only two died. Among 44 persons bitten by mad dogs, and not treated by inoculation, 7 died.—*Medical Record*, May 5, 1888.

A plant has been discovered in India which possesses the singular property of destroying the taste of sweetness. After chewing the leaves sugar placed on the tongue conveys no more sense of sweetness than grains of sand. It also has the property of destroying the power of enjoying a cigar, and even masks the bitter taste of quinine.

OBITUARY.

DIED, at Marseilles, Ill., July 20, of laryngeal phthisis, Mrs. C. A. Weirick, wife of Dr. C. A. Weirick, a devoted mother, a loving wife, a true woman. Having known her from early childhood, we can justly pay tribute to her memory.
"B."

SPECIAL NOTICES.

Special Course in Orificial Surgery.

Prof. E. H. Pratt, M.D., will give his second annual practitioner's course of lectures on Orificial Surgery, commencing Sept. 10, 1888. For terms and other particulars address 56 Central Music Hall, Chicago, Ill.

ST. NICHOLAS for August contains its usual variety of reading for the young.

Have been using Tongaline for two or three years with the most happy results and find it has excelled any other remedy for the cure of muscular rheumatism. — J. M. JONES, M.D., Newport, Ark.

Please Note — Nestle's Milk Food is the only TRUE milk food which is perfectly digestible without the addition of any foreign ferment or other substance, furnishing a *complete, safe and nourishing diet, prepared with water only.*

ATTENTION is called to the institution which has been opened by Drs. Waite and Peaslee, at 5306 Jefferson Av., Hyde Park. Physicians having appropriate cases would do well to send them to the Chicago Gynecological Institute. See the notice on page VI., of this journal.

The July *Century* has for a frontispiece a portrait of Pasteur and his granddaughter by the celebrated French painter, Bonnat. This picture is printed in connection with a timely article of "Disease Germs, and How to Combat Them," a foot-note to which article gives a brief sketch on Pasteur's interesting career.

In prescribing the products of manufacturing pharmacists, we should be guided to a great extent by the business standing of the manufacturers. No other house in the South or West has a better reputation for strict integrity than the firm of R. A. Robinson & Co., Louisville, Ky. We do not hesitate to recommend the preparations advertised by them on page X, of this issue.

LACTATED FOOD WITH CREAM.—Lactated Food may be prepared with cream as follows: Take three teaspoonfuls of Lactated Food wet up into a thin paste with cold water. To this add one-fourth pint of hot water; boil five minutes, then add one-fourth pint each of milk and cream. To this may be added any flavor the taste of the patient may desire, or any stimulants that the physician may direct.

LOOK HERE! *The Medical Counselor* FOR THREE MONTHS FREE. Send name and address to "Medical Counselor Publishing Co.," Ann Arbor, Mich.

Preliminary Announcement.

IN PRESS. "A Text-Book of Gynecology," by Prof. A. C. Cowperthwaite, M.D., of Iowa University, is now in press, by Gross & Delbridge, and will soon be issued. It will be a large work of 900 pages, profusely illustrated, and containing the latest that is known to science in connection with the subject of which it treats.

The subject of the homœopathic therapeutics of the diseases of women has received especial care, and the entire work is such as the profession has a right to expect from the eminent author and teacher who has already given it a standard text-book of materia medica.

Just Published.

FOURTH EDITION of Physiological Materia Medica, by W. H. Burt, M.D. One hundred and seventeen pages of new matter have been added, including the new anæsthetic, Cocaine, and the most thorough clinical index ever combined with a materia medica, giving not only all the remedies written up in the text, but all the important ones known to the profession, with more adjuvants than can be found in any work on practice in any school of medicine. Gross & Delbridge, Publishers.

WHAT is a "soluble carbohydrate?" the reader asks impatiently. He ought to have been told in his college course; but it was nobody's duty to tell him, as no examiner would ever ask him such a question. The lecturer on physiology describes to him the act of digestion, and tells him how the saliva converts insoluble starch into soluble grape sugar in order that it may pass through the wall of the alimentary canal. But what he has to do when the saliva is scanty and inert is not yet the business of any teacher. He has that to find out for himself—if he can. The first person who recognized the importance of converting insoluble starch into a soluble maltose was M. Mellin with his "non-farinaceous food."—*Fothergill.*

Burlington Route.**VESTIBULE TRAINS.**

"The Burlington's No. 1" fast train, leaving Chicago at 1 p. m. daily for Omaha, Lincoln, Cheyenne and Denver, and arriving at Denver at 9:10 p. m. the next evening, in now a solid vestibule train for the entire distance between Chicago and Denver.

The Burlington's "Fast Trains" to Kansas City, St. Paul, and Minneapolis will also be vestibule trains at an early date.

THEY SAY

THAT whalebone is not a bone.

THAT the tuberose is not a rose.

THAT sealing-wax contains no wax.

THAT he laughs best who laughs first.

THAT paper on the wall is a put up job.

THAT there is arrest for the weary tramp.

THAT the Asiatic cholera is raging in Chili.

THAT antipyrin is not as harmless as a dove.

THAT you should never read in front of a lamp.

THAT it's all in your eye — the vitreous humor.

THAT the worst of mad men is a saint run mad.

THAT what is well done is not always done well.

THAT children have more need of models than of critics.

THAT it's a nod thing to see a man asleep in church.

THAT you should pay as you go, but don't go till you pay.

THAT hens are the lay members of the barn-yard congregation.

THAT the best hair dressing is a small quantity of a bland oil.

THAT he who rules must humor full as much as he commands.

THAT there are seven hundred medical societies in this country.

THAT the only thing that is really what it's cracked up to be, is ice.

THAT more than 60,000 eggs were found in a shad, all in a roe.

THAT there never was a wedding that went off without a "hitch."

THAT Turkish baths are not baths, and did not originate in Turkey.

THAT a century has not added to the wisdom of the dominant school.

THAT most of the "news of the weak" is reported by physicians.

THAT Burgundy pitch is not pitch, and does not come from Burgundy.

THAT what the Institute needs is fewer papers and more discussions.

THAT an undertaker is a brave man; he faces death almost every day.

THAT damp clothing should be turned inside out when hung up to dry.

THAT the newest thing under the sun is a patch on the seat of his trousers.

THAT what goes down is sure to come up, if it's accompanied by an emetic.

THAT when a medical man has nothing else to do, he writes a paper on phthisis.

THAT it is best to let the light fall from above obliquely over the left shoulder.

THAT paste diamonds are so called because people sometimes get stuck on them.

THAT peroxide of hydrogen is the basis of all preparations for bleaching the hair.

THAT the matter of educational reform cannot be left altogether with college faculties.

THAT they intend to tear down the post office in order to find the letter that never came.

THAT no one knows the exact size of the lion's share, but generally it is all he can get.

THAT you should stop using your eyes the moment there is an inclination to rub them.

THAT the South African diamond fields last year yielded gems valued at over \$20,000,000.

THAT men sometimes suffer from "morning sickness" when their wives become pregnant.

THAT any fool can ask a conundrum, but it takes a wise man to refrain from answering it.

THAT patients with hypertrophy of the heart should be put on a non-stimulating diet.

THAT the out-put of whisky is going to be limited, but the in-put will be as lively as ever.

THAT the man who was asked to stop a minute, said that he could not arrest the flight of time.

THAT the medical student whose girl went back on him said she was afflicted with "heart failure."

THAT the diplomas of American colleges should be made equal to those of any other country in the world.

THAT the moment you are instinctively prompted to rub your eyes that moment you should stop using them.

THAT the royal house of Spain suffered from hereditary madness for over two centuries, when it became extinct.

THAT one-half of all the drugs imported into the United States is consumed in the manufacture of patent medicines.

THAT man need never die except from accident or his own disobedience of hygienic rules, or inherited infirmities.

THAT in the United States the ratio of medical men to the population exceeds that of any other country in the world.

THAT it is the most heinous of sins for a physician to take advantage of his professional privileges in order to perpetrate a crime.

THE MEDICAL ERA

VOL. VI.

CHICAGO, SEPTEMBER, 1888.

No. 9.

EDITORS :

CH. GATCHELL, M.D.

JAMES E. GROSS, M.D.

THE EVILS OF UNRESTRICTED IMMIGRATION.

One of our enterprising Chicago daily papers recently sent a woman reporter into many of the city's factories and workshops in order that she might investigate the condition of the working girls. The story that is told is pitiful. It was found that in most of the places visited "labor is a bondage, the laborer a slave, and blood cheaper than needles and thread."

The reporter found a child of 15 working nine hours a day in order to earn 16 cents; another girl, of 17, earned 80 cents a week, working from 7:30 in the morning to 5:30 in the evening; a young woman engaged in making bustles received \$3 a week — 50 cents a day; in another shop wages ranged from \$1 to \$3 a week; in another district there were "hundreds of grown women who toiled from morning until night in the "slop-shops" for \$2 and \$3 a week. In reply to questions one young girl said:

"I work ten hours a day, and make from \$4 to \$5 a week."

"What does your board cost?"

"With washing included, \$3 a week."

"How much do you pay for car fare?"

"At least 60 cents a week."

"That leaves at the outside figure but \$1.40 for fifty-nine hours' work, or less than 25 cents a day."

So much for the question of wages.

The places in which these poor creatures toil are, many of them, unfit for human habitation. They are described as being adjacent to, or surrounded by "garbage boxes reeking with filth;" "festering ponds of water;" "masses of filth;"

"stench and miasm;" "stifling stench, with rotten and broken flooring, through which penetrate infernal odors from a stable."

Many of the workshops are poorly lighted, to the ruin of the eye sight of the workers, while the air is often poisonous for want of proper ventilation. The girls are required to wash in dirty water, to dry their hands on their under-clothing, and to "wait in line" before crowded water-closets, the condition of which is filthy in the extreme.

As to comfort, there is none, and every law of health is violated. There are girls with "stooped shoulders and prematurely aged faces;" some were "crowded along a line of tables so as to be obliged to take short stitches;" and competing with "delicate young girls" are "half a dozen old women, all wearing spectacles, and ranging from 50 to 60 years of age."

And what of their employers?

A similar review of the articles has enabled us to select from the names of those who are the girls' task-masters, a list which reads like this: — Koh, Kohn, Spitz, Stein, Strauss, Olson, Guthman, Wampold, Karasick, Beifeld, Schlesinger, Rothschild, Goldstein, Lowenstein, Zimmerman and Kuppenheimer.

It is true, there are some names which are easier for an American to pronounce, but the above largely predominate.

The evil thus held up to public view is a great one, and it cries for a remedy. Many suggestions have been made, but the right one has not been insisted upon.

It rests in a *restricted immigration*.

Who are the workers that are thus competing with each other at starvation wages?

Almost all of them are foreigners!

Nell Nelson, the reporter, says that at one shop:

"A great many of the girls were Irish, but the Swedes and Germans were numerous."

At another place:

"At 12:45 o'clock the hands began to arrive from lunch, first a young Pole, then a Russian, then a German Jew."

At another:

"All are Poles but two, and they are Germans."

At still another:

"Most of the girls were Swedes, and unable to speak a word of English."

A review of the entire series of articles shows that, for the most part, these underpaid laborers are Irish, Bohemians, Hungarians, Poles, Russians, Jews, Swedes and Germans.

From the evidence thus adduced, is it not clear that the situation, for the most part, is one of foreigners grinding foreigners? Is it a fault of American institutions? Is it to be expected that this country can supply remunerative employment for the surplus labor of the entire world? Has it anything to do with high tariff or low tariff, protection or free trade, as claimed by some?

Not at all, unless it be due to free trade in cheap labor.

If this view be correct, then the remedy lies in a restricted immigration. The surplus population of the Old World should not be allowed to pour into this country faster than its natural development justifies.

But, to the medical man, this question presents still another aspect, which it is well to keep in mind.

The last general census of the United States revealed the fact that the increase of the insane is out of all proportion to the increase of the population. At first this was attributed to causes purely domestic, but it was not long before the true reason was revealed. The great increase was found to come entirely from the ranks of recently arrived foreigners. There are

cantons in Switzerland and towns in Italy, Poland, Russia, Germany, Austria and France that ship many of their indigent and feeble-minded to the United States.

These all contribute to the population of our insane-asylums. It is well known that worry, more than work, will drive to madness. Thus the laborers in Chicago shops, who wear their soul-cases out in struggling for a bare existence, and who can but worry over the future, must and do supply numerous recruits for our hospitals, alms-houses and insane-asylums.

In the interest of humanity the unfortunates who are already with us should be well cared for, but the swelling tide should be stopped, for America cannot be made the world's refuge or the world's asylum.

There is a limit, and it has been reached.

THE YELLOW-FEVER.

According to the latest advices received at this writing the yellow-fever is now epidemic in Jacksonville, Fla., and the situation is rapidly becoming worse. There is still the warm month of September to go through.

For the twenty-four hours of August thirtieth, thirty-four new cases were reported to the board of health. For the same time, four deaths were reported. The disease seems to spread in the direction of the prevailing winds, and it is assuming a more and more violent type.

Such an epidemic as this seems only to emphasize the fact of the utter powerlessness of the physician. Medical science has not yet placed in his hands a weapon with which he can successfully contend against the contagion. Too often he himself falls a victim to the yellow scourge.

If the disease is ever controlled, it must be by preventive rather than by curative measures. Hence efforts would better be directed toward discovering some means of prophylaxis, whether it be in sanitation or inoculation.

Meanwhile, one can only battle against it, and pray for an early frost.

ORIGINAL ARTICLES.

SKELETON SKETCHES FOR SURGICAL STUDIES.

BY HENRY SHERRY, M.D.

CHICAGO.

THESE outline hints are for students, and particularly junior medical students. The method is one I follow in my private studies and in my clinical lectures. It eliminates the purely theoretical, leaving the bare facts. And Ruskin, you know, says that what we need is "downright facts."

As an illustrative example, I will take, this time, the simple subject of an ulcer. Now, nearly every subject can be studied under the following heads: 1. Derivation, or etymology. 2. Synonyms. 3. Definition. 4. Etiology. 5. Pathology. 6. Symptoms, or anatomical characteristics. 7. Varieties. 8. Treatment.

Derivation: Greek, "Ulcus"—A sore.

Synonym: Sore.

Definition: A solution of continuity of the soft parts, that show no tendency to heal.

Etiology: { Idiopathic.
Traumatic.

Pathology: { 1. Irritation.
2. Hyperæmia.
3. Serum.
4. White corpuscles.
5. Fibrin and albumen.

Symptoms: { 1. Surface.
2. Edges.
3. Surroundings.

PHAGEDENIC.

Varieties: { 1. Simple. { 1. Healthy.
2. Non-healing.
2. Specific.

Again we make the following subdivision of the

Non-healing: { 1. Tonic. { 1. Inflamed.
2. Irritable.
3. Phagedenic.
2. At nic. { 1. Chronic.
2. Indolent.
3. Callous.

Treatment: { 1. Constitutional. { 1. Medicine.
2. Diet.
3. Hygiene.
2. Local. { 1. Application.
2. Operation. { 1. Curetting.
2. Dissecting
3. Grafting.

Now, your first need is a medical dictionary, in which you can learn the meaning of words, thereby insuring a positive knowledge, rather than the hap-hazard, not-sure-about-it method that is so frequently followed.

Having done this, we will pass to the sub-heads under Etiology, which we find to be idiopathic and traumatic. Now the idiopathic causes are those which arise from some condition within the system, such as some constitutional disease, while the traumatic causes are such as arise from conditions without the system, such as bruises, burns, chemical irritants, etc.

Under Pathology, the various sub-heads indicate the pathological changes through which an ulcer passes. Of course you can readily understand that in order thoroughly to comprehend this part you will need to familiarize yourself with histology. True, you may be able to recognize a condition clinically, without being able to do so pathologically.

In gaining a knowledge of the condition from the symptoms as presented by the anatomical characteristics, your attention will naturally be first directed to the (a) *surface* of the ulcer; next the (b) *edges*; and lastly to the (c) *surrounding parts*.

Out of the etiology, pathology and symptomatology you formulate a diagnosis; that is, name the condition. Or, as happens in the condition we are discussing, name the varieties.

By the sub-head "specific," is to be understood ulcers that are the result of constitutional diseases, their various forms being the same as under the sub-head "simple," which is to be understood as embodying conditions not due to constitutional diseases.

You will, doubtless, readily understand the various classifications given under the head of "Treatment," barring, possibly, the operative processes, which are curetting or scraping, dissecting out the ulcer and uniting the healthy edges by sutures, and sponge grafting, or skin grafting.

I have ignored "Prognosis," because it is in many diseases represented by the words "favorable," "unfavorable," "doubtful," and what is favorable to-day may be doubtful to-morrow. So that of itself it is only a conclusion arrived at after due consideration of the facts in a case of which it is not a factor.

3616 Stanton Ave.

THE TALE OF A TUBERCLE.

By LYMAN R. PALMER, M.D.

MINNEAPOLIS.

ONCE upon a time a certain king of England called his counselors about him to solve a problem. "If you place a fish in a basin already full of water, why does the vessel not overflow by the addition of the fish's bulk?" There were some honest souls who really couldn't tell; but a great mathematician appeared before the king and kindly explained by demonstrating how this strange thing could be. The common people were, no doubt, very proud of their scientific neighbor, but the king, with a curious look on his face, ordered a basin of water to be placed before him, and the friends and admirers of the wise man hastened to put a fish in it as soon as possible; then stood with hurried breath and anxious eye to await the result. The squirming creature commenced to glide about to explore his odd little home, when lo! the water began to overflow the sides of the dish, flooding the table and trickling drop by drop down on the marble floor.

One by one the people slipped silently away, for the king had gone, and there, with drooping form and downcast eyes, stood the great mathematician alone—alone with his theory and the silent fish.

There probably does not exist a specialist of diseases of the lungs who does not claim cures of cases of consumption. Sometimes he makes these mighty cures according to his own theories; sometimes he borrows a theory from some one else, but in either case a theory he must and will have. These borrowed theories, by the way, are much to be preferred, for when the budding spring-time brings a brand new theory along with Easter bonnets, it can be adopted without a blush. While, on the other hand, if the shabby old thing belonged to the doctor himself, there would be plain common people who do not appreciate style, and they might comment unpleasantly on the extravagance of a bright new theory every spring and fall.

In placing a few of these theories in review, our object is not to detract one whit from the lustre of the noble men who claim them, but rather to call attention to our old friend "the tubercle," who, up to the present time, has been an object of much odium and reproach.

A gentleman by the name of Laennec once published a theory to the effect "that phthisis

was tubercular, the result of a new growth in the lungs, and the subsequent degeneration of that growth and the surrounding lung tissue."

This theory settled the matter for some little time, when Virchow, the great physiologist, *proved* "that cheesy masses followed pneumonic troubles, where the tuberculous struma had nothing to do with it."

Next, Robert Koch, the indefatigable scientist, found a little shiny thing in tubercles he called the bacillus tuberculosis, and claimed it was the father of our old friend "the tubercle."

Now, from this date we can safely say hostilities had fairly commenced, for Prof. Koch proposed to kill these germs with an appropriate antiseptic.

Sir Joseph Lister had been claiming all along, and rightly, too, that the antiseptic was mightier than the sword, for while the sword had slain its thousands, disease germs had killed their tens of thousands.

Carbolic acid is a nice, cheap antiseptic, and when the English had their late military excursion in Egypt the surgeons used Carbolic acid exclusively, for, you see, under this administration all disease was caused by germs, all germs were squelched by antiseptics, and "all went merry as a marriage bell."

Scientists were delighted, and why shouldn't they be! Medicine had scored a point at last. Poets wrote lines in honor of Carbolic acid, and—the soldiers kept on dying.

France, recognizing her supremacy in medicine as well as millinery, now came to the front with an antiseptic that *was* good for something, and the originator, Dr. Declat, a refined, scholarly gentleman, came over and dined with us in America, and gave our young men and maidens an opportunity to air their French.

And the great men of our land prescribed his Phenic acid and said it was good, and they performed many cures—and then they dropped it. One might reasonably suppose that if Dr. Declat kept up the standard of his Phenic acid and the bacteria held out, these doctors would not have wearied in well-doing; but they did, and all because some industrious German hinted that Phenic acid was not so very strong after all, but that Mercury was better, for they tried it on some germs they were raising in a culture-fluid. Boiling these germs in water often killed them, too; but who wants to boil a patient in order to cure his diseases?

So, while Sir Joseph Lister's antiseptic dressings, in the name of cleanliness, revolu-

tionized surgery, the best that could be done for a consumptive was to glare at the bacterium through a microscope and talk to the patient about culture-fluids and what science was liable to do for this country.

Dr. Bergeon, of Lyons, France, cured cases of consumption with enemas of carbonic acid gas and sulphuretted hydrogen, and his admirers added nourishing injections in the rectum, and many cases got along nicely in spite of the fact that there was more nourishment than theory in this treatment. But a theory was what the doctors craved, so they told the sick people they must not use the gas machines any more.

On the well-authenticated saying that "it takes a rogue to catch a rogue," an officer of justice, known as a *Bacterium termo*, was sent prospecting about in the bodies of unhappy patients with positive orders to kill, destroy and utterly annihilate that wicked rascal the *bacillus tuberculosis*, which was causing so much misery and trouble. This pigmy has afforded a delightful recreation to scientific minds, but failed to amuse the patient, and when the latter hinted that his heart's desire was to get well, and that this massacre of germs failed to help his cough, the great doctors arose as one man and told him he ought to be grateful that he was no worse. For every one knows that the physician who prescribes for a patient and makes him no worse is a great man—indeed, we may say, a very great man!

Now, between the ebb and flow of these tides of scientific thought, the people who had the legacy of consumption thrust upon them had to work out their own salvation—and the odd part of it is that they succeeded pretty well, for the object of their search was not scientific renown, but health, and they found it in improving the nutrition.

"All roads lead to Rome," and these pilgrims after health sought very unscientific paths, but it was a path they were in, for the beaten track showed that other feet had been there before them. Imagine them, then, milking cows and riding ponies and absorbing a strength and consolation from these rural pastimes that a compound oxygen apparatus can never give.

The maker of a pneumatic cabinet once told me that its effects were greatly enhanced by using it out in the country rather than in a city office, although the plan was impracticable with most patients; they came to be cured, not to cure themselves.

Speaking of ponies reminds me of a story told by Dr. Hatch, of Minnesota. In the early history of that state it was made the resort for all the lung cases in the country, and one day the doctor received a message informing him that the junior partner of a New York firm, stationed at Calcutta, and who was dying with consumption, was on his way to the land of the Sioux, and would shortly call on the doctor. In due time he arrived; a tall, gaunt, spectral being he was, too, and the doctor told him about an exploring party that was about to start, overland, for Montana. Enthusiasm seized the patient, and he bought a wall-eyed pony and announced his intention of joining the party. The pony was very small and the invalid was very tall, but this was a case where office fixtures didn't bring the business, so the cavalcade set out. In an hour the poor fellow fainted away and was carried in the wagon. On his recovery he doggedly remounted the pony and after awhile fainted again. He prayed for death, and kept on trying to ride that pony.

Two months later the doctor was startled to see a rough, powerful looking man ride up to his office door, and, dismounting from a wall-eyed pony, stalk in with anything but the air of a sick man. After introducing himself as the invalid who started on the Montana trip, the delighted doctor invited him to stop all night. This he refused to do unless the Doctor allowed him to sleep in the barn, which he did. The next morning he mounted the same old pony and actually rode to New York City. What a sight that pair must have been, ambling serenely up Broadway! To the best of my knowledge that gentleman is now, twenty years later, doing business in Calcutta.

The lesson to be learned from this little story is this: Riding a pony gave lung development, muscular exercise, and animal magnetism to this gentleman. Another thing: he didn't come to a healthful climate to sit around and be cured—he was willing to cure himself; and again, this exercise was taken in pure air, not in a vitiated atmosphere. A hunter will grow rugged under an exposure that would kill the same man if incurred in a city.

But, to resume our argument in behalf of our old friend "the tubercle."

Every once in a while these pilgrims seeking nutrition were startled to see a sweet-faced girl among them who was born in the country and who milked cows before she was old enough to carry the pail of milk to the house. Surely, she

ought to escape the scourge! Ask her mother. Before that baby came "she arose while it was yet night and ministered unto her household." She washed, ironed, baked, mended, cooked meals for harvest hands and made soft soap. Her husband read the *Rural New Yorker* for recreation while she rested herself washing up the milk pans. If this farmer's wife spent all her strength in toil, where was baby's vitality to come from? The poor little thing grew up trying to "help mother," and now here she is with brilliant eyes and hollow cheeks among the band of pilgrims.

Some of these pilgrims fall out of the ranks, or, perhaps, never fall in for the reason of their physical disability to ride these ponies that are cantering along the path to nutrition. If they are questioned you will find some too weak to ride; others are troubled with a diarrhoea which annoys them. And here and there are those who suffer from a rectal fistula, and the best authority in the neighborhood is united in declaring that if the fistula is cured the lungs will get worse.

Every once in a while you will meet a pilgrim who is turning back, for he says that his stomach is so bad, and the diarrhoea annoys him so frequently, that he has concluded not to attempt traveling toward nutrition at all, but thinks he had better lie down and die. If you will sit by his bedside that night with his hot hand in yours, probably you will notice that the cough is very tight and it is only after a great deal of exertion that some frothy mucus is expectorated. All this means fever, and a dry, inflamed mucous surface. By and by the hand grows cooler and he sleeps quietly—along toward morning he coughs again, but the fever is gone and large quantities of soft, putrid matter come up into his mouth. The poor fellow is so sleepy he swallows it very often, and so the morning's sun shines full on a pale, tired man, with half a gill of tubercle pus in his stomach. By and bye his old mother comes in with a cheery face and a nice breakfast she has cooked herself, just the things he used to like when he was a boy, and the invalid proceeds to mix eggs and broiled steak together with the tubercle pus, and the result is diarrhoea from lack of assimilation.

Pity that the good doctor could not have remembered that Dr. DeClat's "Iodo-phenique," or any other good antiseptic syrup used to help these things, and instead of galloping off after another theory, have some compassion on a stomach which could not hold its breakfast; for

a little of the syrup given half an hour before meals used to wash the stomach out and give the meals a chance to digest.

As you walk out by the road-side and sit down on a stump to think about these things, a shadow falls across the way and there before you is another unhappy pilgrim, staggering along, leading his pony after him. It may be you are bold enough to ask him why he does not ride his pony and enjoy himself instead of stumbling about in that irresolute way. He will tell you that he cannot ride, or, indeed, do anything successfully except to sweat and groan. For this unfortunate, besides the old story of bad lungs, irritable stomach, and night sweats, tells you he has a rectal fistula, and the doctor is afraid to treat it, for that would make the lungs worse and kill him sure.

Suppose you invite the good doctor to insert a probe into the fistulous opening and measure the distance from the external surface to the point of entrance into the rectum. Then give him an examining speculum and tell him to introduce it into the rectum just that distance and tell you what he sees. If he is a nice, honest man he will probably tell you he doesn't see a thing. Wipe off the mucous surface with a pledget of cotton and call his attention to a small, thread-like groove leading from the internal fistulous opening to a raw, bleeding spot as large, perhaps, as a twenty-cent piece. The excited doctor declares it is ulcerated, and while seated on the wood-pile back of the kitchen you chat with the doctor about his case. He grows very indignant that his alma mater never taught him, what now he clearly sees, that a fistula is the drain to some ulcer which has eaten its way down below the mucous surface and chosen the easiest channel of exit. Now, the matter is plain, that if the drain is obliterated the product of the ulcer is necessarily absorbed, and if that product, as in this case, is tuberculous, necessarily the system is vitiated and the lung trouble increased. As the doctor continues to say harsh things about medical colleges in general and his own in particular, possibly you had better cheer him with the story of the man who went fishing and bought five cents worth of little worms of a briny son of the deep who was in the worm business. The fish did not bite very well and the gentleman laid it to the bait; said the worms were too small. The indignant worm-merchant retorted, "How big a worm do you expect to get for five cents, anyhow? Do you suppose you will have a sea-serpent?"

My dear fellow, if you will insist on attending some five-cent medical school you must not expect a diploma from Edinburgh!

You say these professors should know more. But if they knew more they would not be teaching in such a school. As Dr. Rabb, of Cincinnati, said about his hired girl, "If she knew more, she wouldn't be a hired girl."

The experience of another may lead him into a different channel, but my own judgment in these cases teaches me to treat the stomach and intestinal canal first, and the lungs last. Suppose, for instance, the office door opens and a young man enters, sits down, and commences to tell his little story. He is eighteen years old; been sick two years; mother just died with consumption; has been in the pineries; has been out on a farm; found it lonesome; has a bad diarrhoea; seventeen passages a day; no appetite; temperature $103\frac{1}{4}^{\circ}$; pulse 132; weight 105 pounds; very weak; sweats profusely at night; feet swell; examination made by a professor of microscopy shows tuberculous infiltration of the lungs; also, the epithelium is discharged in strips, showing rapid disintegration of the structure; patient has frequent hemorrhages.

The rectum is highly inflamed, and the upper one-fifth of the gut shows five ulcers, the largest the size of a five-cent piece; the smallest the size of the head of a pin. The ulcers are not sensitive—a peculiar feature of the ulcerations of a consumptive, in which it is analogous to syphilitic ulceration. In the ulcerations present in an old soldier, for instance, with chronic diarrhoea, the ulcer is peculiarly sensitive.

The patient's first question is, "Can you help me?" Take the boy right out to the nearest livery-stable, and tell him to ride to some given point and back on a horse. His condition when he returns gives you an accurate estimate of his real strength. Next put the patient on the table and use an electro-thermal conductor in the rectum. No matter how labored the breathing may be, it is relieved by the heat in that situation. Dr. Hamilton, of Michigan, was the first to call attention to the fact that the lack of coordination between the respiration and the heart in a consumptive is adjusted by heat in the rectum (I have no theory in the matter. That I leave for Dr. Hamilton to explain for himself, which he is thoroughly capable of doing). Next, we dress the ulcers with Beech tar cerate. Dr. Porter, of Michigan, prefers Carbolic acid, but my experience with consumptives does not allow me to agree with him. Next, I order a syrup

of Beech tar, a tablespoonful one half hour before meals. Next, in this particular case, I advise inhalations of the volatile antiseptic made of Beech tar.

My reason for clinging to Beech tar so closely in these cases is because that drug is the only antiseptic that has given me satisfaction in consumption. The element Creasote in smoke cures a ham, preserves it, and I obtain the same effect on a tuberculous lesion. Next I persuade the boy's father to buy a pony, and the patient is to ride every day on horseback. No matter if he cannot go forty rods—ride! Last, but not least, in the name of the immortal Hahnemann, while all we have done so far is purely local, like washing out a wound, we now prescribe Sulphur, high, dose once a week, for the dyscrasia which produces the original trouble.

In examining a rectum in these cases it is utterly useless to use anything but a long open-end speculum. The long Hamilton speculum is my preference, although the Young speculum also has an open end and is valued very highly, and, by the way, when a speculum is introduced, say two inches, and stops short, take it out, treat the patient a few days with heat and electricity, and then proceed with the examination. The mucous lining was too dry.

In conclusion, I will say that our dear friend, the tubercle, has benefited the human race in that it has stimulated thought and developed research as no other disease has done before or since, and honor is always due a formidable foe, and such an one these conflicting theories certainly indicate are found in "the tubercle."

MORRHUOL.

By E. M. HALE, M.D.

CHICAGO.

THIS substance contains the medicinal principles residing in cod-liver oil, extracted by alcohol at 90° . The alcohol becomes colored, and yields, on evaporation, an amber-brown, bitter, aromatic liquid, partially crystallizing at the ordinary temperature, and containing combinations of Iodine, Bromine, Phosphorus, Phosphoric acid, Salts of Lime and Magnesia, Sulphur, biliary and fatty acids.

The oil thus treated becomes inodorous and tasteless, and resembles any animal oil. The curative action of cod-liver oil, therefore, depends on the Morrhual. The oil given without this extract may *fatten*, but only as butter, cream, bacon, or any pure oil does. If the reader will refer to the article on "*Oleum Jecoris*," in my "*Thera-*

peutics of New Remedies," published nearly ten years ago, he will see that I then expressed the opinion that in the constituents of the oil we should find the real curative properties. I wrote:

"The fact of the presence, in cod-liver oil, of some of the 'antipsorics,' in minute quantities, gives it its real value in certain diseases of a chronic character. It cures the same class of diseases for which we prescribe Iodine, Bromine, Phosphorus, Calcareo and Sulphur. Many experiments, made with great care, prove that no other oil has the same curative action. They may fatten, but the disease goes on unchecked," etc.

In that paper I gave a list of diseases and conditions which had been treated successfully by cod-liver oil. All those diseases were due to a scrofulous or strumous diathesis.

It has been observed that all the *brown oils*, *i. e.*, those richest in Morrhual, were the most efficient. The light oils, those which had been purified, were more fattening agents, but did not cure.

M. Chapoteaut, in 1884, initiated a research having the following leading idea (previously enunciated by me in 1878): "Would it be possible to replace cod-liver oil or modify it in such a manner as to remove its disadvantages and to retain its advantages?" "Is the oil a 'food' as regards its fatty matter, but a 'specific remedial agent' as regards its active principle?" Morrhual he found represents twenty-five times its weight of cod-liver oil. In other words, one dram of Morrhual represents twenty-five drams of the oil. I think it could be reduced still further. It is now put up in capsules, each containing four grains. It is a thick, brownish, sticky mass, of a taste combining all of its constituents.

It is my opinion that this substance could be prepared in triturations, up to the sixth, and in that form would show its specific curative effects as well, if not better, than in the crude substance; but this remains to be tested in practice, which I hope will soon be done.

In a pamphlet recently published are given a great many typical cases, in which the capsules were prescribed, and the results were very gratifying.

I subjoin a list of the diseases and conditions in which Morrhual was found curative: Incipient tuberculosis, chronic bronchial catarrh, scrofula in children, phthisis in the first and second stages, swelling and suppuration of glands, etc.

Even in these large doses, it never deranges the stomach or causes nausea and vomiting; on the contrary, the appetite increases, digestion improves, and the bowels become regular, even when obstinate constipation is present. Its effects soon manifest themselves in the improvement of the general health. In fact, we have all the improvement ever observed in those cases where cod-liver oil has had its most happy influence.

Prof. Germain See thus sums up his observations:

1st. An improvement in the appetite and regularity of the digestive functions.

2nd. Increase of weight and firmness of flesh.

3rd. Increase of urea in the urine.

4th. Diminution of the cough.

I would suggest its use in all cases of anæmia in scrofulous children or adults, in chronic rheumatism and gout, and even in chronic malarial poisoning. If the administration of Morrhual does not fatten by improving digestion and assimilation, we can aid its action by giving cream, butter, bacon, malt, and other fattening agents which have no repulsive taste or odor.

A CASE OF STONE IN THE BLADDER.

By E. H. PRATT, M.D.

(Reported by M. J. Bliem, M.D.)

CHICAGO.

[Read before the Illinois Homœopathic Medical Association.]

BOTH the literature and the operation pertaining to stone in the bladder are classical, dating back to Hippocrates, from whom all things medical flow. I mention the old father simply to begin right, for to begin short of him would amount to medical mendacity. It may be thought that to say anything on this ancient subject is superfluous and demands an apology. This apology must be found in the fact that the case before us presents several unusual and interesting features.

The patient, an old and prominent citizen of a neighboring city, is 70 years of age. About eight months ago he came to Prof. Pratt with the following history: For several years he had been unable to pass water without the aid of a catheter. The urine was alkaline in reaction and, on standing, deposited pus to the depth of a third. There was constant pain in the region of the bladder, and in the head of the penis. Indeed, this organ was considerably enlarged from the constant handling to ease the pain.

Latterly the necessity for using the catheter became more and more frequent, so that half an hour was an average interval. An enlarged prostate had been diagnosed and the inability to urinate attributed to that. He also suffered greatly from constipation, succeeding in relieving the rectum only by digital aid. Upon examination the prostate was indeed found enormously enlarged and a severe hemorrhoidal condition in the rectum. No difficulty was met in passing even the largest sound, nor could any stone be detected either by the searcher or the sound. With still a suspicion of stone, it was decided only to clear up the rectal condition.

As a result of this work, the patient gained in general health and spirits, his constipation was somewhat relieved, and the prostate for a time reduced in size. He was weaned from the use of Opium suppositories, but did not mend in the matter of passing water, though able to retain a longer time. After four months of improvement he came to a halt, when all the old symptoms reappeared with redoubled force, and it became apparent that something must speedily be done to save the old gentleman's life. Twice again was the bladder sounded, with the same negative result. The pain was becoming excessive, the calls to draw urine so frequent as to disturb all rest or sleep, the urine was fetid with pus and blood, and phosphatic gravel was frequently passed. There was no evidence, however, of any kidney trouble. With only symptoms to guide, the bold decision to cut into the bladder was made, and Mr. T's consent obtained. This decision was made in the face of the classical and fundamental rule never to cut for stone unless it be first detected by the sound, and that, too, must be accomplished at the time of the operation; if not successful, the operation must be postponed. In view of the severe catarrhal condition, the proposed section might be justified as a relief and mode of cure for that. The inability to urinate was due, as we have seen, not to any obstacle offered by the enlarged prostate, but to the atonic condition of the bladder walls. When atony is the result of vesical catarrh simply, the authorities do not recommend an incision and drainage as a means of cure. Therefore, the main justification for the operation must still be found in the large hope of finding a stone.

The question now to decide was, which form of the operation to choose — perineal or suprapubic. Lithotritry was ruled out from the very nature of the case. It was decided to perform the lateral perineal section. In these days, when

it is entirely the fashionable thing to do the high operation, I suppose this will be considered woefully behind the times, and a demand be made upon us for a "reason of the faith that is in us." Briefly, then, in view of the catarrhal condition and our ignorance of the size of the supposed stone, the principal thing to provide for was such drainage as could be long continued and as would thoroughly drain the base of the bladder. The perineal section best answered the conditions and was therefore chosen.

With plenty of assistants then, and all preparations for a thoroughly aseptic operation, the task was begun. It was my lot to hold the post of honor, *i.e.*, the staff. With knife in hand, the doctor was ready to proceed, when, holding the staff firmly upright, I suddenly felt a grating against it. A slight movement to the left, when a *click* — again a *click* — and with joyful assurance the surgeon addressed himself anew to his now most hopeful work. The incision was quickly made, but so enormous was the prostate that the operator was unable to reach the bladder with his finger. After considerable searching with the forceps he finally grasped the stone, lying high up on the left side, in a nest of its own. On account of its size and encysted condition it required no little manipulation to extract the prize. When held up to our admiring gaze it appeared the size and shape of a medium sized hen's-egg. The bladder was now washed out and a shirted canula, packed with styptic cotton, inserted. The patient endured the operation very well, with no signs of shock.

Our object in the after-treatment was (1) to wash out the bladder, and (2) to continue drainage until the bladder was well restored to its normal condition; our criterion to determine the time for allowing the wound to heal was the acid reaction of the urine. Upon this point valuable light was thrown by Reginald Harrison's recent lectures upon "Some Points in Urinary Surgery." A silver male catheter, with the curve cut off and closed at the end, was kept in the bladder; the enormous size of the prostate can be estimated when I state that it was necessary to insert the tube to a distance of 6.7 inches before it reached the bladder. A long rubber tube was attached to the outer end of the catheter, thus conducting the urine into a vessel under the bed. Twice a day the bladder and the wound were washed out through the tube with a warm solution of Boracic acid and Hydrastis. (To a pint of warm water, a tablespoonful of powdered Boracic acid, and a teaspoonful of fluid extract of Hydrastis.) After the first few

days, when the acute swelling had subsided, and it was therefore easier to pass a rubber tube, the silver tube was replaced by a soft catheter, to which the long tube was again attached, through an intervening short glass tube. This was more comfortable to the patient, admitted of freer movement on his part, and kept him perfectly dry.

A most remarkable feature of the case was his steady and rapid progress to recovery. There never was a shadow of fever, no back-set in any direction. This must be attributed largely to the patient's natural hardy constitution and his life-long temperate habits. Blood and pus rapidly disappeared from the urine, and in three weeks from the day of operation its reaction was acid. The tube was now withdrawn and the wound began rapidly to heal. The interesting point now was to see whether the bladder had sufficiently recovered its tone to expel the urine. Within 24 hours of the removal of the tube drainage was so far checked as to cause a collection of urine in the bladder. This naturally caused some distress, and the patient twice insisted upon using the catheter. Then he was dissuaded long enough to allow the bladder to suddenly (and to the patient's astonishment) give a pretty exhibition of a miniature geyser act. From that time on to this day he has passed water naturally, and he can now go two and one-half hours. In four weeks from the operation he went home. It is now six weeks, and the perineal wound is almost healed; only occasionally a few drops pass, but it bids fair to be entirely closed by the time of this reading. (The prostate is largely diminished.) The patient is well and highly gratified with his fortunate deliverance, but begs to be excused from laying any more of that class of eggs.

To recapitulate, the value and interest of this case seem to me to lie in the following points.

1st. The advanced age of the patient—70 years—and the remarkable and unbroken speed of his recovery; statistics show one chance in four for that age.

2nd. The enormous size of the prostate gland.

3rd. In the failure to discover the stone by sounding, due to its peculiar location. I attribute the contact of the *staff* with the stone to the straight and long form of its beak; it chanced to be of just the right form and in the right position to strike the stone in its unusual location.

4th. As involving the essential point of rightly choosing between the two modes of op-

eration. The result showed the wisdom of doing the low operation.

5th. And finally, as illustrating the rule by which to determine the time for ending drainage—namely, the acid reaction of the urine.

CREMATION.

By J. E. GILMAN, M.D.

CHICAGO.

[Read before the Illinois Homœopathic Medical Association.]

AMONG the ancients sanitary science was undeveloped. The Romans were the most advanced sanitarians of any of the people of remote times, and many of their sanitary regulations and customs are worthy of consideration even in this day.

Religious belief and the superstitious observances of a nation from that time to the present have largely controlled the disposal of the dead, and to this fact may undoubtedly be ascribed the change from the Roman and Grecian practice of cremation to the horrors of the heaped up masses of corruption in and about the chapels and churches of the Christians.

The early Christians had such a firm belief in the resurrection of the material body, that the depositing of the body in the ground seemed to offer to the unreasoning people a security for all time. Added to this belief was a superstitious faith in the efficacy of sacred relics, and we can readily understand the great desire exhibited that the mortal remains might be placed in as close proximity as possible to the altars of the sanctuaries. As time rolled on and the population increased, these burial places were filled to the utmost, and before corruption had fairly done its work, often the occupant of a grave was disturbed by a new-comer, who in turn was displaced or crowded by succeeding tenants. The earth was saturated to overflowing with the products of decay and the vaults and receptacles of the dead in the churches have been found "to be converted into cisterns in which the floating coffins" jostled against one another.

It is almost incredible the extent to which this practice was carried, and the investigations instituted by the English parliament and the records of different parishes present a chapter of horrors that reads like a nightmare. "In London, in some of the poorer districts, the soil of the churchyards was raised two, three, or even four feet within a few years, and in the immediate neighborhood of such cemeteries epidemic diseases were both more common and more fatal.

Within thirty years there had been interred more than 1,500,000 bodies in a space not exceeding three hundred and eighteen acres."

In London there are about 100,000 deaths annually, and these bodies are buried in surface soil around London, so that in a generation of thirty years three millions are interred near to the dwellings of the living. Sir Spencer Wells says: "It takes twenty years for a body to resolve itself into its original elements, and London has therefore always two millions of bodies beneath its feet and at its doors undergoing harmful decay and occasioning danger to the living by the pollution of the water supply and the atmospheric germinations of disease."

"You Arabs," said one of the Northmen in Russia to Ahmed Ibn Forzlan, "are fools. You take the man whom you most have loved and honored and put him down in the earth where vermin and worms devour him. We, on the contrary, burn him up in a twinkling, and he goes straight to Paradise." No form of disposal of the dead can become common or be accepted by a civilized and educated people that lacks the semblance of complete respect and reverence for the earthly garments of the departed spirit. The personality of the individual still lingers about the cold clay, and a rough movement or a rude touch shocks the sensibilities of the bereaved friends and hurts the living with an exquisite pain. To cremation as it was originally performed there might be urged many reasonable objections. The funeral pyre failed to completely incinerate the remains in all cases; and if this were the only method offered, that inherent esthetic sentiment of reverence with which we invest the dead would be wounded too deeply to admit of its general adoption. But in its place suppose a suitable building were erected where such mortuary rites or funeral services as were desired should be performed? The friends and attendants are sheltered from the inclemency of the weather and relieved from dangerous exposure. "The body, placed upon a catafalque and covered with a pall, descends upon an elevator noiselessly to the cremating chamber. When the door of the retort is opened the intruding air cools it from a white to a red heat and the whole interior is filled with a rosy light that is fascinating to the eye. The body, clad as for burial, is reverently laid in a crib, which is covered with a clean white sheet soaked in alum. The crib is then placed in the retort. The sheet retains its original position and conceals the form until nothing but the bones are left, and these gently crumble into

dust as under the touch of an invisible agent. The process might be called *etherialization* of the body. There is nothing repulsive or painful about it; nothing remaining but a few pounds of clean, pure, pearly ashes, which are taken out and put in an urn of terra-cotta, marble or some other suitable material and placed in a niche in the columbarium, buried or delivered to the friends to be disposed of as they may desire." No flame touches the body; it is the action of incandescent air alone. "There is no noise or smoke, no repulsive sight or smell, nothing that could offend the most fastidious, all the products of combustion being rendered innocuous and odorless, before liberated in air." This is a process of purification of the body, and the mind can at least dwell upon its details without loathing, while the imagination may invest it with symbolic imagery.

Disease germs and those poisons generated in rapid progression are at once blotted out, remaining no longer to pollute the earth and air, while, on the contrary, if the earth receives the body, "what is sown in corruption will be raised in corruption, as an avenging ghost at many a sick-bed side." And this suppositious form of incineration is not a baseless fancy, it is already realized.

There are several forms of cremating furnaces even now constructed that accomplish all this as described. Sir Henry Thompson, of England, says: "A powerful reverberatory furnace will reduce a body of more than average size and weight, leaving only a few white and fragile portions of earthy material, in less than an hour."

Brunetti, professor of pathological anatomy of the University of Padua, exhibited at the Vienna exposition some examples of the process of cremation. With his furnace and method the whole process of the incineration of a human adult body occupied three and a half hours. The ashes and bone earth weighed about three and three-fourths pounds. They were pearly white and were contained in a glass box about twelve inches long by eight inches wide and eight inches deep. The quantity of wood required to effect absolute and complete incineration may be estimated from its weight, about one hundred and fifty pounds. Its cost was one florin and twenty kreutzers, about sixty cents, and this leads to the subject of cost and cremation viewed in its economic aspect.

The expense of an average funeral to a family in very moderate circumstances will not fall short of one hundred and fifty dollars, and the

usual amount will considerably exceed this sum. Custom rules, and the outlay is an onerous tax upon the slender resources of the majority of people. To exhibit full regard and honor for the dead many poor people impoverish themselves and enter into expenditures that must be followed by pinching economies and deprivation of many things actually necessary for comfort. Among that class in society least able to afford it the funeral services and rites demanded by popular usage are most lavish, and the remark made by a poor woman whose husband was being conveyed to the burial-ground, expresses the feeling which excites this outlay: "Poor Mike would be a proud and happy man this day, could he but see what an illigant funeral he's havin'." The cost represents the respect that the family possessed for the deceased member, and the slurring remarks and ill-concealed sneers if moderation is observed are insurmountable obstacles to reform in this direction. Rev. Mr. Benglass, of New York, says: "Apart from the burial lot and the tombstone and the expense of carriages, the average cost of a funeral among the lower middle classes in and about New York is not far from one hundred and fifty dollars. The average cost of lots in Woodlawn and Greenwood, each containing space for six graves, is about four hundred and fifty dollars, or seventy-five dollars a grave. The cost of single graves in the public lot is twenty-five dollars each. The cost of a moderate head-stone and foot-stone and their erection will add seventy-five dollars more, making a total of two hundred and fifty or three hundred dollars. These three hundred dollars, more or less, have to be paid in advance by the poor, to raise which they alone know what sacrifices must be made. On the other hand, apart from carriage hire, which we may assume to be about the same in either case, the cost of cremation decorously performed, including the case in which the body is carried to the crematory, should not exceed forty dollars, while the cost of the terra-cotta urn of classic pattern, the most tasteful and appropriate possible, could not exceed five dollars. Add ten dollars for a niche in the columbarium, in which the urn may find a permanent resting-place, in case the friends should not wish to take it to their homes, and still another five dollars for an inscribed tablet under the niche, and we have sixty dollars as against four or five times that sum for earth burial."

The increasing number of crematories is an indication of the growing interest that is being taken in the subject. In Italy, England, Ger-

many, Denmark, France, and other European countries, cremation societies have been formed, and large numbers of scientists and prominent men have enrolled themselves as advocates of this method of disposing of the dead.

There is one haunting fear that has been experienced by every one, and by some it is so vividly present as to be a source of great mental anxiety—that is, the dread of being buried alive. That at the present day this can scarcely happen is true, but the instances of its occurrence are sufficiently numerous to make the subject one that deserves notice. After the body is placed in the burial casket, and the coffin firmly closed, no further opportunity for discovery of any indication of life remains, and during the continuance of an active epidemic disease of a virulent type the short period of time that must necessarily elapse between the death and burial renders the chance on verification of death less certain, especially if, as in the case of cholera, there is such a condition of collapse and semblance of the phenomena of dissolution as we know may occur. If life still remains, the unhappy victim may be returning to the full consciousness of the horrible fate (the most awful condition the mind can conceive) while the earth is being cast back into the half filled grave, and, bound down and stifled in the close prison, can make no move or sound to attract attention and avoid the appalling sequel. Death in the incandescent air would be merciful as compared with this, while the chances for such death would be materially lessened. The body, up to the period of actual entry to the chamber, would be in condition to make a demonstration if life was not yet extinct. And with the first contact with the heated air the effect would be revivifying and even then the destruction might be avoided. Certainly, if in any way a method of determining the existence of any remaining spark of vitality can be devised, cremation offers a better opportunity than interment to avert the impending destruction. After all, talk and reason as we may, the great obstacle in the way of an immediate adoption of the practice of cremation is hereditary habits and sentiment. It remains, then, for us to cultivate the sentiment favorable to incineration, and gradually habit will succumb to its often repeated usage.

Among wild tribes and nations, where cremation is the form used, local traditions and beliefs crown and beautify the mortuary act with a symbolic imagery that appeals to all the innate poesy and superstition of the untutored mind.

And among civilized nations also this sentiment and play of imagination must needs be centered about the crematory act to make it a common proceeding. The actual mechanism of the work must be so gilded and idealized that the afflicted mourners receive a sad comfort in the significance of the symbolic dismemberment of the body.

What more can be said. The interests of sanitation and purity demand this clean method of purification in the place of a process which offends all sense of delicacy, and destroys all sentiment concerning the actual condition of the deceased. "By just so much as ashes are purer than putrescence, is cremation a purer method than earth burial, and one around which a free and healthy sentiment can entwine itself." The imagination receives no rude shock as the elements receive into their embrace the mortal remains through its baptism and purification. As the winter's snow dissolves into impalpable vapor under the light and warmth of the summer sun, so man's body, cold in the icy grasp of death, melts away in the incandescent air, and resumes its elemental form and its duties in nature's economies without the intermediate horrors of decay. Pure in spirit man enters the world, and the elements receive back the body purified by this agency, and freed from the long process of contamination, and the body, bathed in the halo of the rosy light, re-enters its primal form surrounded by all the gorgeous magnificence of the departing day.

THERAPEUTICS OF PHTHISIS PULMONALIS.

By W. A. KALER, M.D.,

CHICAGO.

[Read before the Illinois Homœopathic Medical Association.]

THE therapeutics of phthisis is a subject of such vast importance that I feel no apology is needed for any contribution to it, whether it be new and startling, or only a summing up of the knowledge we possess.

I only intend in this paper to formulate the therapeutical measures that have been found by a pretty extensive experience to be most efficient in the treatment of phthisis pulmonalis, and to review briefly some of the late measures that have been proposed, tested and found wanting.

Clinical experience has long since demonstrated that of most importance in the treatment of this disease are such measures as pro-

mote the general nutrition. The environments of the patient should be as pleasant as circumstances will permit. Undoubtedly a change of residence to a locality where the atmosphere is less humid and where the thermic and barometric changes are less sudden and severe is often beneficial and in some instances is thought to be exceedingly so; but phthisis is indigenous to all climates and countries, and patients who are not able, for want of means, or from other causes, to make the change, and live comfortably, may probably do as well to remain where they have the comforts of an established home, and are surrounded by their friends. But whether the patient remains at home or goes abroad there are certain hygienic measures which are of prime importance and should be rigidly enforced: Exercise should be persistently but judiciously taken, and should be of a kind that is pleasant and practical, varied to suit the changing strength and conditions of the patient, but stopping short of fatigue. Bathing is of no less importance than exercise, not only for cleanliness, but to keep the skin in a healthy condition, promote the peripheral circulation and thereby put the body in the best possible condition to resist the ill effects of cold and atmospheric changes.

In the early stage of the disease, while the patient still has sufficient vital powers to react, the cold sponge bath taken in the morning immediately upon rising, and followed by thorough friction, is very grateful and beneficial; when it cannot be borne, a bath should be taken later in the day, but as cool as the condition of the patient will permit, and repeated as often as the judgment of the physician may dictate. Day and night, and all seasons of the year, the apartments of the patient should be kept at a comfortable temperature, and thoroughly ventilated. Ventilation is very important, especially if another person occupies the same apartment, since it is known that phthisis is in a certain degree contagious.

The clothing should be of wool, especially the underwear, and sufficient in quantity to ensure comfort and protection from changes in the temperature of the atmosphere. As a rule, the instinct of the patient will lead him to dress comfortably if he is able, unless he is a devotee to society and cares more for fashion than health.

The diet should be generous and varied within the limits of prudence to suit the caprices of the appetite, but should always be nutritious and easily digestible. The fats and hydrocarbons

(starch and sugar, and especially, if there is much wasting and a high temperature, alcohol, preferably in the form of whisky) should form a prominent part of the diet. Undoubtedly cod-liver oil is the most assimilable of the fats, and much of its unfortunately disagreeable taste may be disguised by combining it with lime-water or some other alkaline solution in the form of an emulsion, or by adding a little whisky or some vegetable bitter, as Hydrastis or Wild cherry.

Great care should be exercised to keep the stomach and bowels in the best condition and to maintain the digestive powers. The extract of Malt is not only a nutritious article of diet, but by virtue of the diastase which it contains assists in the process of digestion by converting starch into glucose; it is especially to be recommended in those forms of dyspepsia where starchy articles of food disagree; it may be taken alone or combined with the cod-liver oil. The syrup of the hypophosphites introduced by Dr. Churchill, of Paris, a few years ago, as a food and a medicine has been extensively tested, but now generally discarded as worthless.

Among the therapeutic measures that have been proposed in the last few years may be mentioned the *injection of cavities* with medicated fluids; a few cases of improvement following this operation have been reported, but the results have not been sufficient to warrant its adoption as a practical therapeutic measure.

Since Koch's discovery of the *bacillus tuberculosis*, scientists have been trying to find something that will destroy the bacillus and not the patient, but no specific for phthisis has yet been discovered. The Deplat phenic-acid treatment had its day and is now one of the things of the past. In septic conditions of the system, due to the absorption of putrid matter from the softening tubercular masses, it is undoubtedly of some value, but it does not arrest the progress of the disease or prevent the further formation of tubercle. Later, the treatment introduced by Bergeon by enemata of carbonic-acid gas charged with sulphuretted hydrogen has been pretty extensively tried, but is now generally discarded; like phenic acid, it is useful only in septic conditions and fails to reach the seat of the *bacillus*, or at any rate fails to reach it in sufficient quantity to destroy the *bacillus* or prevent its making further progress. Twelve cases were treated by this method in the Illinois State Penitentiary Hospital last summer, faithfully and persistently, but with no better result than

to relieve some of the symptoms due to septic poisoning.

Pneumatic differentiation, or the breathing of an atmosphere of different density than that surrounding the body, has been in vogue for a number of years, but has been more extensively used lately since the introduction of the pneumatic cabinet. I have never used it, but from the reports of those who have, I think it is useful only as a means of developing the respiratory muscles by exercise, and expanding the lungs to their fullest capacity. I cannot see how it can have any direct effect on the disease process or its cause. In March of the present year Dr. W. Leonard Braddon contributed an article to the *London Lancet*, on Oil of Peppermint as an antiseptic and as a remedy in phthisis and diphtheria, in which he reports improvement in several cases of phthisis treated with inhalations of the oil. He leaves no doubt as to its antiseptic property, and on account of its volatility it ought to prove useful as an inhalation in phthisis; at any rate, as it is harmless to the higher forms of life, it may be used with impunity and should be given a thorough trial. The chief therapeutic resources of our brethren of the old school are, besides what I have already enumerated, for the general condition, Iron (where there is no hæmoptysis) and the vegetable tonics. For special symptoms, palliatives such as—

For insomnia and night cough: Ex. Hyoscyamus, Chloral hydrate, Bromide of potash, or as a last resort some preparation of Opium.

For the fever: Quinine or Antipyrin.

For night sweats: Atropia and the astringents, chief of which for this purpose is Tannic acid.

For hæmoptysis: Ergot, Morphine.

For the dyspepsia, such remedies as are used in other cases of dyspepsia.

For diarrhoea: Astringents and Opium.

For pharyngitis: local treatment with Cocaine, Nitrate of silver, etc.

For to relieve the pain and distress, which in some instances is so severe at the last, Morphine.

I have not often had to resort to any of these palliatives except the last.

MEDICAL TREATMENT PROPER.

If I could have but one remedy in the treatment of phthisis in all its stages from beginning to end, I would unhesitatingly choose *Calcarea carbonica*, and if I am not mistaken this is the

verdict of all homœopathists who have had extensive experience with this disease. It is the most useful remedy, as recommended by Dr. Hughes, in that pretubercular stage which is characterized by dyspepsia, with (sometimes) acid vomiting, inability to digest fats, oils and sugar; defective nutrition and consequent emaciation and general failure of the vital powers. Here it will restore the appetite, and improve digestion and assimilation, even when it has no perceptible effect in preventing the formation of tubercle, and it has entirely cured many such cases of dyspepsia, but whether they were really pretubercular or not, that is, whether they would have developed as tubercular cases if left alone, or not, it is impossible to say. In that other class of cases in which the invasion of the disease is marked by slight but persistent cough, often dry and spasmodic, and sometimes followed by vomiting without nausea, and languor, and slight hectic fever are present, *Drosera* may do more good, or if there is also a persistent, rapid pulse, dyspnoea on exertion, and the vomiting is preceded by nausea and made worse by eating and drinking, *Arsenicum* is indicated, but even in these cases *Calcarea carb.* will improve the general condition.

When the case is confirmed and tubercular deposits have actually formed, as shown by physical examination, we have various indications to meet, and I will divide the rest of the subject accordingly.

COUGH: Worse at night. *Hyoscyamus*, *Lobelia* or *Conium*; spasmodic and followed by vomiting without nausea, *Drosera*. I habitually use this remedy in the mother tincture, but when it fails I find the 3x acts well.

FEVER: *Calcarea carb.*; *Baptisia*; the latter is, but the former is not, strictly speaking, an antipyretic. *Calcarea carb.* is indicated by the general condition, where with the fever there is copious perspiration, especially at night, copious purulent expectoration, anorexia and general weakness.

Clinical experience confirms every day what Dr. Mitchell wrote years ago of the value of *Baptisia*. He speaks of having seen it "reduce the pulse from 120 or 130 to 80 or 70, change a steep temperative curve to one comparatively smooth" and therewith "reduce profuse purulent expectoration almost to nothing, and almost banish cough."

NIGHT SWEATS: If the *Calcarea* and *Baptisia* given for fever do not control the night sweats, *Sambucus* or *Jaborandi* will, in nearly all

cases. I used to resort to *Atropine*, but I found several persons so extremely susceptible to its influence that a one-grain powder of the 3x would throw them into a wild delirium which would last for several hours. I do not use it now.

DYSPEPSIA: Will usually yield to a carefully prepared diet adapted to the condition of the digestive powers, and the remedies prescribed for the general condition. As adjuvants, *Pepsine*, *Hydrochloric acid* and extract of *Malt*, are almost indispensable in hæmoptysis.

HÆMORRHOIS: There is but little immediate danger, and the best thing to administer during the hemorrhage is a spoonful of common salt in a little water, or let the patient swallow small pieces of ice. After the attack he should be put to bed and kept quiet, and given *Aconite* 3x every hour for the first twelve or twenty-four hours; after that, any remedy his condition calls for.

DIARRHŒA: When it is not due to extension of the disease to the bowels may be cured by any remedy that would cure a similar diarrhœa in any other patient; usually *Arsenicum* is sufficient, but when it is due to tubercular disease of the bowels, I have never found any remedy that would do any good except *Opium* and the astringents, and they only afford temporary relief. In some cases during the last hours preceding death the patient is in an agony of pain which is augmented by frequent spells of coughing; in such cases I believe it is not only humane, but that it actually prolongs life to administer *Morphine* in sufficient doses to procure rest.

Before I close I want to say a few words on the oft-discussed potency question.

Most remedies act well in the low potencies and I scarcely ever go above the 3x in any except two or three, but I have never seen any effects from *Calcarea carb.* in the 3x, and never any but ill effects from *Arsenicum* in the 3x in phthisis. Since I commenced using the latter remedy in the 30x I have not found it necessary to resort to any other potency. *Calcarea carb.* has served me best in the 30th and 200th, but I have seen the 1000th do wonders where the 3x had failed.

It would be well always to bear in mind the precept taught by Jousset, viz.: "that where a remedy has been carefully selected, it should not be hastily changed, but the proper attenuation for the particular case should be sought for without regard to our prejudice."

A METHOD FOR THE RADICAL CURE OF HERNIA.

By WALTER F. KNOLL, M.D.
CHICAGO.

[Read before the Illinois Homœopathic Medical Association.]

EVERY one knows what a hernia is. It is as common in surgery as catarrh is in medicine, and, like the latter, it may be the most mild or the most severe and fatal disease. It is generally approximately estimated that twelve per cent of the adult human family are suffering with some form of hernia.

Why it is so, can be explained by the first half-dozen victims any one may choose to consult. Perhaps hernia is in the family and has been as far back as memory and records go, and hence fifty per cent of the male members of the families have paid penance to this inherited weakness. Some were by nature strong and perfect, but, while in an unnatural position, or under a powerful impulse, have made a sudden and violent effort and have severed the strong cords which made them healthful beings. Some are born so, and never get over it. Nature stopped her work too soon and has left an incomplete creature. While still others have been the target of external forces too severe for the tissues to resist without injury and permanent lesion.

That hernia may exist from a variety of causes we all know and can easily demonstrate, but what is the best thing to do with each one as we meet them in their varied forms, none of us are always able to answer wisely and properly. I shall give my treatment, and by so doing hope to elicit the methods you use, and by comparing our ideas and opinions develop something which will be of practical value and of permanent use. There are some cases, I frankly confess, with which I do but little, while there are others in which I attempt to repair with surgical means all the damage the patient has sustained or the defects he has endured.

In congenital hernia, for the first few years, in reducible hernia, in tuberculous and syphilitic subjects, who are and will be in easy reach of physicians and instrument-makers, a properly fitting truss is usually sufficient. In irreducible hernia, in old and decrepit people who have a large amount of adipose tissue, I do little or nothing until symptoms develop which demand radical measures. In all other subjects, with, perhaps, a few exceptions, I advise a so-called radical operation, one which in its details at first was peculiar to myself.

The idea of a radical operation is not a new one by any means, for simultaneous with the birth of surgery as a science there were methods described and practiced by the old masters, and in every century since then some modified form of the same has been advocated by their disciples and followers. Even when the majority of surgical work was still done by barbers and itinerant specialists there were some among them who devoted themselves exclusively to the cure of hernia. Dishonesty and deception were then, as alas! too often now, partners in the profession, and while these men pretended only to operate for hernia, they also castrated their helpless dupes. Their method was the same as the veterinarians use now-a-days on the lower animals, and as this was the limit of their knowledge, their hope of success lay in its practice.

So numerous and pestiferous had these men become in some of the large cities where they were wont to practice their art that the people finally rose up and had laws enacted which banished them from their midst. But when surgical ideas had crystallized into a science which was supported by more worthy men, a modified method found favor with the people. It was Jamerius and Rogerius who recommended the exposing of the sack by a long incision, pushing back the bowels and tying off all of the sack which could be pulled out and dividing the parts below with the cautery. In a later period the famous Guido claimed to have discovered the *ne plus ultra* in the "*filum aureum*," or gold thread. It was applied by a series of twists on the neck of the sack as his predecessors applied the linen thread, and with the same object; but, for reasons which he does not give, he regarded his discovery vastly superior to any thing previously in use. The Arabians used the cautery instead of ligatures, and besides cauterizing the sack they also applied the same remedy to the pillars of the ring and parts about.

Their object was to form a cicatrix which would be large and firm enough to forever close the opening. In many cases their success was remarkable, and even to this day it is not forgotten by their descendants. Instead of the cautery, in some countries it was the custom to apply strong escharotics, as mineral acids, with the object of exciting inflammation, suppuration and finally cicatrization. The subcutaneous injection of astringents and escharotics into the ring for the purpose of exciting adhesive inflammation is a process which was peculiar to our time, and among its advocates were found such

men as Velpeau, Biglow, Pancoast, Schroyer and Hilton. But what a few years ago was so full of promise and had so many ardent followers, is now consigned to occupy a few lines in the history of surgery. About twenty years ago Prof. J. R. Wood, of New York, conceived the idea of taking a wooden plug the size and shape of the finger and with it push all the tissues over the ring into it, "so-called invagination," and allowing them to remain until adhesions had taken place. A little later Prof. John Wood, of London, accomplished almost the same thing by a different method. He divided the skin over the hernia and dissected it off for a considerable distance beyond the ring. With the index finger the subcutaneous tissues were invaginated and fastened in this position by a series of looped stitches which included the pillars of the ring and the invaginated tissue. This latter is still the standard operation in most of our text-books and has at the present time the greatest following. Antiseptics, however, have made it possible to go beyond the apparent daring of Prof. John Wood.

We need not stop with simple division of the skin, but can divide all, even to the peritoneum, and close the wound, with a degree of certainty that no fatal injury has been inflicted. Another reason of our advance is the unanimity among anatomists and surgeons as to the mechanical part the different abdominal layers play in holding the organs in the cavity. I will quote a part of Prof. John Wood's definition of hernia as given in the encyclopedia, and by what I have already said of him you will see that his treatment is not wholly in keeping with his anatomical definition. He says, in the more restricted and unusual sense it, *viz.*, hernia, means a protrusion of some abdominal viscus through the abdominal wall, beneath the integument and fascia. Most frequently the opening is constituted by the enlargement of a natural aperture between the muscles and fasciæ. Now the ancients believed the lesion in hernia to be a stretching and sacculation of the peritoneum and their treatment was directed wholly to the removal of this sack and the reunion of the peritoneum at the point of separation. Prof. Wood does not believe this, yet in his treatment he does not consistently carry out his ideas of plastic and reparative surgery as practiced in the other parts of the body. If a patient comes to him with a divided helix of long standing, he refreshes the edges of the severed parts, co-apts them with stitches and secures union, and in the end has an ear as strong and almost as perfect as

nature first made it. Why not apply this same principle in treating hernia? Invaginating the superimposed tissue does not always excite adhesive inflammation, nor does it by any means unite the fibers and tissues that have been separated. About twelve years ago Czerny cut down, stitched the walls of the ring together with catgut and afterwards closed the remainder of the wound. His results in many cases were perfect, but the failures were too numerous to give it any prominence or lasting fame. It was while deliberating upon Czerny's operation, about five years ago, that I began to make a series of experimental operations upon cases requiring herniotomy for strangulation. The functions of the different abdominal layers were settled then as now and the simple question hinged upon the best method of closing or diminishing this opening between the fascia and muscles. Muscles and fascia are tissues which are easily united if their edges are properly refreshed and held in co-aptation for the necessary length of time. This was so well demonstrated in the first cases, as well as at other times and places, that I felt assured in advising it in all operable cases. The details which were carried out are as follows: The parts over a large area were shaved and perfectly cleansed with soap and solutions. The skin and different layers were divided as in herniotomy until the sack was full in view. This was then pushed back into the abdomen and held there with the index finger of left hand. With a probe-pointed bistoury or Simon's uterine curette the free edge of the hernial ring was thoroughly refreshed. When every point where union was expected had been thus prepared and the hemorrhage checked and the wound cleansed, it was closed with No. 24 silver wire.

The whole thickness of abdominal wall was included in each stitch, and to avert injury to the spermatic cord or vessels, the index finger remained in the ring constantly, protecting the vessels and directing the needle in and out of the walls. The stitches were put in close together, no more than one-fourth of an inch apart, and the wires drawn tensely before twisting, so as to form a short angle in the intra-abdominal point for the purpose of co-apting the parts and holding them firmly together. The wound was dressed as in herniotomy and allowed to remain so for twelve to fourteen days, when, as a rule, complete union had taken place. The wires were then removed and the parts redressed with bandages firmly applied and the patient kept in a recumbent position for another fourteen days. At the end of this time a truss was applied and

the patient allowed an increasing amount of exercise from day to day. Four months was found to be the necessary length of time to complete a cure under favorable circumstances. These, in the main, are the details of the principles applied, and the results in the cases so far treated are most satisfactory. There was but one failure in a primary operation and that was in a patient who had been injected three times with *Quercus alba*, and I failed to remove all of the encysted bark, but on a second trial the patient was completely cured.

Several of my friends who have seen me operate or who have been informed of the method and have given it a trial, have equally good reports to offer. Whether I shall always be as successful in the future as in the past and whether those who may try it in the future shall be as successful as those who have tried it in the past, time only can answer. The principle is a correct one and I hope that the members of this Association will give it careful thought and trial and in a year hence condemn or endorse it, as their judgment and experience may dictate.

INFANTILE SPINAL PARALYSIS.

By W. O. CHEESEMAN, M.D.

JOLIET, ILL.

[Read before the Illinois Homœopathic Medical Association.]

SYNONYMS.—1. Atrophic Infantile Paralysis. 2. Polio Myelitis Anterior Acuta. 3. Essential Paralysis of Children.

HISTORY.—We find occasional allusions to this disease in medical literature as far back as the latter part of the last century, but the first accurate description is by Drs. Kennedy and Heine in 1836 and '40. Since Heine's publication of his classical memoirs, a number of observers have studied this disease. Different writers give it a different term, viz.: Heine and Myer called it infantile spinal paralysis; Gall called it paralysis during dentition; by Rilliet, Barthez, Vogl, Eulenberg, Vallieux, Brummiche, Laborde and Niemeyer it was called atrophic paralysis of children. Ducherme and Echereria named it fatty atrophic paralysis of infants. By Reynolds it was called paralysis with wasting of muscles. Bouchut added the term myogenetic paralysis. Hammond calls it organic infantile paralysis, and by others it is called idiopathic and congestive infantile paralysis.

CAUSES.—The etiology of this affection is very obscure. Age is the only influence which

can be said to be a positive factor in its production, as it attacks both sexes indiscriminately between the ages of two months and four years. By some writers it was attributed to dentition, but more careful observation shows that no direct causal relation can be traced. It is probable that the early age and dentition act indirectly by inducing a susceptibility to the disease. Sex seems to have no influence in its production and it is as frequent among the children of the rich as among the ill-fed poor. West attributes it to the local action of cold; Hammond, to lying on damp ground. It has occurred during convalescence from measles, scarlatina, typhoid fever, rheumatism and chorea. By some, injuries to the spine are supposed to have caused it. One thing is certain; it seems to be the grand source of club-feet, shriveled, half-dead limbs, and other sad deformities affecting children.

The paralysis is usually partial, single muscles or groups of muscles only being affected. The muscles most frequently attacked are the muscles of the anterior part of the leg, forming the extensors of the toes, and the flexors of the foot, extensors and supinators of the hand, these muscles being always affected together; extensors of the leg, and with them generally the muscles of the foot. When single muscles are affected, those most likely to suffer are the extensor longus digitorum of the toes, the tibialis anticus, the deltoid and sterno-mastoid.

PATHOLOGICAL ANATOMY.—The early changes are medullary hyperæmia, vascular exudation, and inflammatory softening. Microscopic examination reveals an inflammatory softening of the anterior horns of the gray matter. Among other constant lesions are atrophic degeneration of the multipolar ganglion cells and the anterior nerve roots. The changes noted as occurring in the cord are usually limited to the dorsal, lumbar and cervical regions. As a result of the changes in the trophic center and the nerve degeneration of the muscular fibres supplied, there ensue changes in the bones and joints, leading to deformities.

The deformities produced by infantile paralysis are talipes equinus, equinus valgus, equinus varus, and calcaneo valgus is found with equino valgus of the other limb.

SYMPTOMS.—Onset usually sudden, with an attack of mild fever of a few days' duration, on recovery from which it is noticed the child is paralyzed; or the child may be put to bed, and in the morning is found to be paralyzed.

The paralysis may affect both arms and both legs, the legs alone, or only one of the four extremities. It may, but very rarely, be a hemiplegia. The bladder and rectum are not affected, nor can anæsthesia or numbness be detected. The temperature of the paralyzed limb is low and the appearance cyanosed.

After a few days there is a slight improvement in the paralyzed parts, although the muscles show a rapid wasting, which is progressive until all muscular tissue is gone.

The reflex movements are impaired or abolished. The electro-contractility by the Faradic current is abolished in the paralyzed parts.

DIAGNOSIS.—Hemiplegia from acute cerebral affections in children can be distinguished from infantile paralysis by the disorders of intelligence and the special senses, and the perseverance of the normal electro-contractility. Paralysis of myelitis occurs in older persons, and is associated with disturbances of the genito-urinary organs and bed-sores.

Pseudo-muscular hypertrophy, with paralysis, begins gradually, becoming progressively worse with increase in the size of the limbs.

Hip-joint Disease.—(1). The child bears all of its weight on the healthy limb. (2). Turns the foot of the affected side inward when walking, and stands with the toes of that foot resting on the dorsum of the foot of the healthy side. (3). Increase of pain on striking the head of the femur against the acetabulum by a blow on the hip. (4). The fixed pain in the knee of the affected side. (5). Increased temperature of the affected side. (6). Shortening of the limb. (7). Absence of the gluteal fold of that side.

PROGNOSIS.—The duration of the disease is variable. It may pass off in a few days, or even hours, but it is more likely to occupy several weeks or months in recovery.

If the paralyzed muscles retain their electro-contractility and electro-sensibility, and so show that they have not passed into a state of fatty degeneration, there is great hope of recovery, even if years have elapsed since the first attack.

TREATMENT.—Massage, shampooing, movements of various kinds. Faradism to the paralyzed muscles.

REMEDIES.—Aconite, Belladonna, Gelsemium, Nux vom., Plumbum.

The treatment of deformities resulting from infantile paralysis should be a judicious combination of surgery and mechanical appliances.

CASE.—Leo S. Age four. Eight months previous commenced to have trouble with the right

leg. There was no history of fever. The onset was sudden; the child was out playing; came in and complained of its foot at first; not much attention was paid to it, but the parents noticed that the leg was growing smaller. An old-school physician was called in, and the child has had several of that school since.

Examination reveals the leg atrophied its whole extent. The toes are drawn down, and the paralysis is probably confined to the flexor longus digitorum.

The appetite is normal, bowels regular, sleep good. Remedies: Nux vom., followed by Plumbum. Faradism and massage. This case is slightly improved.

CARDIAC LESIONS AND THEIR RELATION TO WASTING AND CHRONIC DISEASES.

BY F. O. PEASE, M.D.,

MORGAN PARK, ILL.

[Read before the Illinois Homœopathic Medical Association.]

IT was my privilege, a year ago, to present a paper with a similar title, with the clinical history of two cases. The object of this paper is briefly to reiterate the position then taken, viz.: That valvular or structural disease of the heart may be, and often is, primary to many of the diseases we are called upon to treat, especially those graver forms which insidiously assail the systemic or vegetative spheres, and whose presence in the body are usually considered, and too often are, incurable. If the cause or primary lesion is not recognized, or is overlooked, owing to a too superficial study of the pathological conditions, the disease steadily advances, and our patient dies, simply because we do not direct our treatment against the primary cause.

Another object of this paper is to call attention to the importance of systematic physical examination, and to suggest that physical diagnoses should be more generally and practically understood by the mass of physicians.

The authorities, some of them, teach that valvular or organic heart lesions give immunity from phthisis. Foster says: "Wherever the valve mischief is, and whatever its nature, it robs the arterial circulation and enriches the venous. In front of the lesion is less blood; behind it there is more." And further he says: "Over-fullness and stasis in venous, and lessened arterial circulation, results in various associated visceral disorders and complications."

cases, he found, in eighteen, anorexia; in sixteen, disturbances of sleep; in sixteen, trembling of the lips and tongue; in twelve, leucorrhœa; in eleven, gastralgia; in ten, dyspepsia; in ten, neuralgia of various forms; in eight, cephalalgia; in four, vertigo and convulsive attacks; in four, obstinate constipation; and in three, constipation and diarrhœa alternating. The evil effects of coffee are especially observable in children. The coffee drunkard is described as thin, pinched features, pale, wrinkled face, and a grayish-yellow complexion. The pulse is weak, frequent and compressible. The sleep is troubled with anxious dreams.

No doubt, coffee does, on the whole, far more good than evil. But it is important that the medical profession constantly bear in mind the evils that it is able to produce under favorable circumstances. In a general way, it may be said that indoor brain-workers do not bear coffee as well as outdoor muscle-workers. Persons of nervous temperament bear coffee badly. — *Am. Lancet.* — *The Epitome.*

Surgery of the Urinary Organs.

Mr. Harrison, in his lectures before the Medical Society of London, objects to the term urethral fever, as misleading, inasmuch as it seems to connect the symptoms with the precise part rather than the process by which they are produced. He proposes the term "urine fever," as it is produced by the presence of urine in a recent wound, and is probably due to the absorption of some poisonous compound, such as an alkaloid, which is derived either from urine or tissue or wound decomposition, or all combined. This he bases on the following: 1. The presence of urine in relation with a recent wound is necessary for the production of urine fever. 2. The mere contact of urine with a wound is not sufficient for its production. 3. The retention of fresh urine within the area of a recent wound is almost invariably followed by its development in a greater or less degree. 4. Where urine is placed under such circumstances as last mentioned, the liability to urine fever is greatly diminished when it is sterilized by local or general means. 5. The retention of fresh urine, blood, and the debris of damaged tissue in the confines of a recent wound for a certain time, at a temperature of about 100° F., could hardly be possible without chemical changes taking place in the constituents referred to. 6. The common origin for urine fever is rendered probable by the uniformity of symptoms attending it, which are identical, whether following a surgical oper-

ation or an accidental wound. Certain drugs, by their elimination through the urine, such as Quinine, seem to render it less capable of exciting this fever.

Strictures of the urethra he holds to be due to inflammatory exudation thrown out to resist leakage of some of the constituents of the urine through the mucous membrane of the urethra, where from any reason the epithelium is damaged so as to render the canal not urine-tight. Among his reasons for believing this are the secondary implication of the mucous membrane in the stricture-forming process, the density and contractility of the plastic exudation, the character of the cicatrix produced in the healing of a recent wound constantly submitted to the action of more or less pent-up urine, and the form in which the stricture tissue is deposited. After rupture of the urethra, formation of a stricture can, he maintains, be prevented by performing perineal section and preventing the infection of the wound with urine.

Regarding the prostate, he considers it the muscular retentive apparatus of the male bladder, and that its intermittent glandular action is subservient to this continuous physical action. Its fibers are spread out like a funnel, with the apex downward, forming a strong support for the bladder. In the adult man an exceptional degree of pressure is made upon the outlet of the bladder, as the perpendicular axis of the "urine pressure" falls directly upon the outlet, and not partly on the pubic bone, as in the female. Where there are no such physical functions to perform, as in extroversion of the bladder, the prostate as a muscle exists only in a rudimentary form, though the sexual sense may be normal. Hypertrophy first appears for a distinctly conservative object. Projecting nodules he considers structural upheavings of a frequently contracting muscular ring developing in the line of least resistance, and assuming a more lowly organized form than that which was in the first instance developed. To prevent prostatic hypertrophy, and the complications arising from it, care should be systematically taken to preserve the muscular power of the bladder, and to aid it artificially when necessity arises. The timely use of the catheter he warmly commends as warding off changes which unfortunately do not always cease when they have become precisely compensatory.

Recurrence after litholapaxy he places at one in seven. This is the weak point of the operation. He ascribes this largely to the condition of the bladder, which is often in a state of chronic

inflammation, predisposing to the deposit of phosphates. As in such cases the calculus is the result rather than the cause of the trouble, he advocates their treatment by lateral lithotomy and drainage of the bladder, with careful cleansing of from four to ten weeks, in order to restore the mucous membrane to a healthy condition.—*N.Y. Medical Journal*.—*Am. Med. Digest*.

The Contagion of Leprosy.

The necessity and demand for the segregation of lepers from the rest of the community grow out of the belief that it is capable of communication from the body of the afflicted one to those who may come into more or less intimate contact with him. Science has not yet been able to determine the exact limits of the contagion of this disease. There are still those who profess a disbelief in the spread of leprosy by contagion (using this word in its broad sense), but it is safe to say that no physician who has had experience with the disease, leprosy, and has studied its history in this country, has been able to offer any other satisfactory explanation of its spread amongst the people of these islands; and as a fact, to-day, the medical profession in the Hawaiian Islands are, I believe, unanimous in the belief that leprosy is a communicable disease, and that every leper is a possible source of contagion to all who may come into more or less intimate contact with him.—*Report of Hawaiian Board of Health*.

Poisoning by Antipyrine.

For a severe headache, of a nervous character, in a lady—Mrs. H.—of about twenty-five years of age, and otherwise healthy, I prescribed two powders (ten grains each) of Antipyrine, one to be taken an hour after the first, if needed. She took one about 9:30 P. M., and in two or three minutes she began to experience a “snapping” in her head, along with an itching and burning in the mouth and throat, particularly in the roof of the mouth. This feeling also extended to the eyes, nose and ears, and became so violent that she involuntarily thrust her fingers into her mouth and ears to seek relief. The “snapping” in the head increased in intensity until she became almost frantic, and ran up and down the room screaming, partially losing control of herself, and apprehending acute insanity. Sneezing soon commenced and became extremely violent, the act being repeated at least fifty times, while the nose and eyes were running a very copious, watery fluid. The turgescence of the mucous membrane was so extreme that she

could not breathe through the nostrils for several hours; indeed, not until the next day. Following all this, there was a stupid, tormenting feeling, with swelling of the nose and eyes, till, exhausted, she finally fell asleep. This sleep was troubled and tiresome, but the headache proper was relieved. The most violent part of the process continued for only about ten minutes, but recovery was not perfect till the next day.—*Dr. Peters in Med. Register*.

Injection of Cocaine into the Urethra Followed by Death.

Dr. Henry J. Simes adds another case to the list of deaths reported following the use of Cocaine. The patient, *æt.* twenty-one, suffered from a urethral stricture and a small fistula leading from the urethra and opening through the perineum. The man was placed upon the operating-table, one drachm of a twenty percent solution of Muriate of cocaine was introduced into his urethra, by means of a long-nozzled urethral syringe which passed about four inches into the canal. The instrument had scarcely been taken out of the urethra when the patient made a foolish remark, the muscles of his mouth began to twitch, the eyes staring, pupils dilated, frothing at the mouth, face much congested, respiration interfered with, and ending in a violent epileptiform convulsion, lasting for some seconds. These convulsions were continued with increasing violence several times a minute, the whole muscular system taking part in the spasms, requiring considerable force to keep him from falling off the table. The action of the heart was not much interfered with, and appeared only to be secondarily affected. It was the respiratory action that seemed first to fail, and then the heart's action became irregular and slow. The breathing was gradually more and more interfered with; the face, in fact, the entire surface of the body, became deeply cyanosed, the pulse slow, and at the end of twenty minutes from the first convulsion had ceased to beat. The man was dead.

Post-mortem showed no lesion of importance, but marked congestion of the brain, lungs and liver.—*Medical News*.

THE ANNALS OF SURGERY, published by J. H. Chambers & Co., St. Louis, is the only journal in this country devoted strictly to surgery. The editors are L. S. Pilcher, of New York, and C. B. Keetley, of London.

CORRESPONDENCE.

Colorado for Consumptives.

To the Editor of the Medical Era:—

In calling the attention of the profession at large to the unwise practice of many physicians of sending phthisical patients indiscriminately to Colorado, would it not have been an important addition to Dr. Bartlett's article in the last ERA for him to have classified, as nearly as his extended experience and observation would enable, those who should and should not be sent there? We have been taught mainly that those who suffer from hæmoptysis should not be sent there, but South possibly.

Personal observation and experience has taught me the unreliability of statistics in regard to climate and health resorts issued by the various bureaux of different states and territories, they being usually "constructed" to further emigration into their boundaries, so that a letter from Dr. B. in regard to the mean atmospheric conditions of Colorado, which his residence there would enable him to fully set forth, with a classified list of such patients who are "eligible" or not for residence in the state, as suggested above, would be very acceptable "to those who sit in darkness" regarding that much lauded health resort.

Dr. E. M. Hale, in Feb., 1888, number of the ERA, gives his impressions of Mexico and California for invalids, especially consumptives, from the true standpoint—that of a physician; and Dr. Bartlett, from actual residence for so many years in Colorado, should consider it his duty to his professional brethren to give them the benefit of his observations in regard thereto, for if we err in advising Colorado as a resort for our consumptive patients, it is because we know so little of the state or climate, and that little is unreliable for reasons before stated.

F. W. SOUTHWORTH, M.D.

Tacoma, W. T.

Southern California.

POMONA, Cal., July 23, 1888.

Editors of THE MEDICAL ERA:

No doubt the readers of the ERA remember an article on "Mexico and California for Invalids," by E. M. Hale, M.D., of Chicago. If not, look over your back numbers and you will find it in February, 1888, on page 60.

Now, no one can make a short visit to this country and understand its peculiarities and ad-

vantages. One has to live here some time before being competent to advise invalids on locality. You can find any kind of climate here you wish, and no one is better qualified to select the locality for the invalid than the resident physician. The Eastern physician sends his patient to California for help, and not understanding the variety of climate found here, condemns the whole Pacific coast because his patient is not benefited. Whereas, if the invalid had been instructed to consult a local physician he might have been benefited. How often have I seen certain chronic cases plant themselves in a locality not favorable to their disease and gradually fail till death relieved them of their troubles, while the same class of cases, upon consulting a responsible physician and going to the proper place, invariably got well.

Certain cases, such as the debilitated scrofulous persons, and some forms of catarrhal and bronchial troubles, are benefited at the sea shore, while the neuropathic, hysterical and cardiac troubles are only aggravated.

Our tubercular friend (and with this class we are always well supplied) should invariably seek the higher altitudes. But, on the contrary, the consumptives come here (generally in the last stage of the disease) and remain in the valleys, house themselves up, take very little exercise in the open air, and in a few months are sent back "in a box."

I have practiced in several localities in the East, and nowhere have I found a climate so congenial to the invalid as the state of California, providing this adaptation to locality is properly considered.

I will close with a practical hint to those who send invalids here. Convince your patient that he has something to do after he gets here, especially the consumptive. He should lead an active, out-of-door life, so far as his strength permits. So many come here and sit down with folded hands and wait for climate to heal their diseases. Such invalids die.

Explain to them why they should invest a little money in good advice from a responsible physician here on the proper locality for their case.

SHELDON FITCH DAVIS, M.D.

THE place of meeting of the Southern Homœopathic Medical Association has been changed from Nashville, Tenn., to Louisville, Ky. A large attendance is expected. Time: October 10-12, 1888.

PERSONALS.

Dr. Thos. Phillips has moved from Austin, Minn., to Waterloo, Ia.

Dr. A. F. Sumner, of Boston, has gone to Germany to remain eighteen months.

Dr. Selden H. Talcott, President-elect of the American Institute, has gone on a voyage to Europe.

Drs. Lippincott and Landis, of Memphis, have dissolved partnership. Dr. Lippincott continues business at the old stand.

Dr. Harold Wilson has moved from Ann Arbor to 100 Miami Avenue, Detroit, where he will devote himself exclusively to the treatment of diseases of the eye and ear.

Dr. F. R. Day, of Honolulu, has favored us with a copy of the biennial report of the president of the board of health to the legislature of the Hawaiian Kingdom.

LOOK HERE! The *Medical Counselor* FOR THREE MONTHS FREE. Send name and address to "Medical Counselor Publishing Co.," Ann Arbor, Mich.

I have used Tongaline in the treatment of neuralgias and forms of rheumatism and rheumatic gout since 1883, and cannot speak in too high terms of its efficacy.—*Pr. R. Thombs, M.D., Supt. Colorado State Insane Asylum, Pueblo, Colo.*

"I gave Lactated Food to a miserable specimen of an infant. I am pleased to write you that it began to improve in a few days, and now, without taking any medicine, is a fine, healthy child. I will add that it has had no other food."—*Dr. J. R. Holcombe.*

A FINE suburban practice for sale, ten-room cottage, horse and phaeton, with or without office furniture; a bargain. One-half down, balance in seven years. Address,

THE MEDICAL ERA,
48 Madison Street, Chicago.

A CORRESPONDENT sends us a newspaper clipping containing the following:

A grand jury in Kentucky indicts homœopathists for giving liquor to their patients.

FLEMINGSBURG, KY., August 18.—Indictments were found against Dr. P. A. Gordon, homœopathic physician, for prescribing and furnishing liquor to his patients, the prohibitionists holding that whisky is not recognized in the homœopathic pharmacopœia.

We will venture the opinion that there was an allopathic doctor on the Flemingsburg grand jury.

WANTED:—A successor to a fine paying practice in the largest city in Dakota. Ten years established. A fine chance to make money from the start. Price very low. Reason for selling, price and full particulars by calling on or addressing

DR. A. L. MARCY,
Sioux Falls, Dakota.

The attention of our readers is called to the advertisement of Messrs. R. A. Robinson & Co., which appears on page X. of this issue.

This house is one of long standing, and enjoys a reputation of the highest character.

The preparations referred to, we recommend specially to the notice of Practitioners.

Class in Official Surgery.

TO THE MEMBERS OF THE MEDICAL PROFESSION:—A Class in Official Surgery will be held at the Chicago Homœopathic Medical College, beginning September 10, at ten o'clock, A. M. The entire week will be spent in a thorough discussion and complete illustration of the official philosophy in all its details.

A lecture of an hour or more will be given every morning, to be immediately followed by a clinic of several hours' duration. Clinical material is abundant, and cases will be selected with a view to illustrate, in the best manner possible, every variety and complication of official work.

Not only the operations, but the after-treatment of cases, which is of extreme importance, will be outlined.

Lacerations of the cervix and perineum will be repaired; hymena will be removed; the most successful methods of controlling uterine displacements and diseases will be illustrated. The proper treatment of the clitoris and the prepuce will be shown, and in rectal work there will be abundant opportunity for watching and personally assisting in the removal of pockets and papillæ, in the treatment of ulcers, fissures, fistulæ and hemorrhoids, and in the modified clamp operation for the complete removal of the pile-bearing inch, where the tissue is sufficiently redundant to require it. There is no part of this work that does not require illustration to be fully understood and appreciated. Most of it can be done by any practitioner of medicine and surgery who deserves the title.

Obstinate cases of asthma, bronchitis, malaria, liver and stomach troubles, constipation, diarrhœa, neuralgia, nervous prostration, headaches, spinal irritation, insomnia, paralysis,

dropsy, insanity, acne, eczema, etc., etc., to which this work is a godsend, are so common in every physician's experience that a very general interest has been aroused in the official philosophy and treatment. It is impossible to entertain visiting doctors singly with any justice to the doctors, to the work, or to myself. I therefore earnestly request that all those who meditate visiting Chicago for the purpose of mastering the problems which the work involves will be kind enough to join this class instead of coming at other seasons.

The course is designed for practitioners rather than for under-graduates. The latter, however, will be permitted to attend.

The fee for the course will be \$25.00, payable in advance.

Faternally,

E. H. PRATT, M.D., LL.D.,

A Card.

In a spirit of fairness to all concerned, we offered to Dr. Thompson the use of our columns in order to explain his theory of the action of "Moxie," and its mode of preparation. But in this connection we must also state that we have in no wise been moved by talk about "challenging" and "fighting," or implied threats of any kind, and prefer to consider that it was indulged in in a Pickwickian sense. We are sure that we can trust to the intelligence of our readers to form opinions, uninfluenced by us.

In a communication to THE MEDICAL ERA, regarding "Moxie," Dr. Thompson says:

"I have nothing to conceal aside from the mode of preparing it in fixed solution or artificial digestion without injury to it as a nerve food.

"In contests, with counterfeiters, before the U.S. courts, we were met by our opponents with the plea that we were not entitled to the protection of the law. In all these suits 143 witnesses were employed by us, 28 cases of old helpless paralysis and nervous wrecks from abuse and over work were present to testify that they were recovered by Moxie when other resources failed. Then the facts of our successful digestion of the albuminoids and the theory of their adaptation to the wants of the nervous system and their positive complete fixed solution proved by evaporation. The theory of this adaptation is as follows:

"1st. The nerves and brain are the seat of animal life and the generation of force and strength for the muscles and intellectual faculties.

"2d. The great authors of works on chemistry, Anatomy and Physiology find that the nerve centres are loaded with 17 per cent of albumen, slight traces of the salts and 71 per cent of water and gelatine.

"3d. That the nerve fillaments of the brain are

independent organs in themselves, small tubes filled with the above, covered with very delicate porous membranes and are but 1-14000 of an inch in diameter, while a blood corpuscle is from 1-2400 to 1-3000 of an inch in size.

"This precludes any possibility of the introduction of blood into the nerve substance. It also assures us of the fact that the only food used by the nerves is the basic nutrition, albumen. That the structure of the nerves and capillaries also proves that all the albumen reaching the nerve centres to generate life and animal force, must be dissolved, without injury, to the consistence of water before it can pass by the law of exosmosis and endosmosis through the coats of the capillary blood vessels and the delicate porous membrane covering the nerve fillaments into the nerve centre for use.

"It was long since an accepted fact among scientific men that the nerves besides generating animal force, also control or govern the functions of the organs of the body, when there is force or strength enough in the nerves to keep up a normal function we were in good health, otherwise, ill.

"It is also known to be a fact that in persons who die from exhaustion or insanity, there are positive evidences of malnutrition of the brain and nervous system. Also a want of proper functional strength in the organs governing imbibition and exhalation.

"If the stomach's functions are governed by the nervous system, how can it digest the only food for the nerves to a proper consistence for their possible absorption after their force has been half destroyed by overwork, worry or abuse? It is now an accepted fact that nervousness and the terrible tired feeling exists from malnutrition of the nerves, and it is because natural digestive force cannot furnish fuel enough for the ordinary wants of the system under such circumstances. How can medicine as stimulants help starvation?

"Chemical science has not yet been able to make a complete digestion of the albuminoids. The moxie plant is loaded with albuminoids and another element that antidotes alcohol. From the fact that I have been able to restore paralysis and old nervous wrecks with the moxie albuminoids through my newly discovered process of artificial digestion, and not being able to discover any medicinal or alterative effect from large quantities of the moxie except solid substantial strength to the nerves, I have called it a nerve food. The moxie alone is tasteless as starch. It is flavored to make it palatable. It will not help paralysis caused by the mechanical pressure of fluids effused around the trunk of a nerve. I farther believe it is a food because women tell me it gives a remarkable support, has no reaction like a stimulant, and does not lose its effect from long use. This is moxie and the reason for its mode of preparation. Of course it must be taken constantly if people constantly abuse or overwork themselves, or it might as well not be taken at all. A. THOMPSON, M.D."

BOOK REVIEWS.

THE PRACTICE OF MEDICINE; or, the Specific Art of Healing. By I. J. M. Goss, A.M., M.D., Professor of the Practice of Medicine in the Georgia Eclectic College of Medicine and Surgery, Author of "The American Practice;" "Materia Medica, Pharmacology and Therapeutics." Chicago: W. T. Keener. 1888.

Dr. Goss' work on practice shows to what a great extent the eclectics are using homœopathic medicines homœopathically. Aconite, bryonia, rhus tox., pulsatilla and many other polychrests are as frequently mentioned as are bromides, Iodides, laxatives or cathartics. Much of the treatment is thus of a conservative kind, and a great improvement on the older methods.

The departments of pathology and diagnosis are in the main correct, though not so thorough in detail as would seem desirable in a work of its pretensions. But eclectic physicians who will be guided by the treatment recommended will find themselves becoming more and more of homœopaths. Mr. W. T. Keener, the enterprising publisher, deserves to have his efforts recognized by large sales.

THE HOMŒOPATHIC THERAPEUTICS OF DIARRHŒA, DYSENTERY, CHOLERA, CHOLERA MORBUS AND CHOLERA INFANTUM. By James B. Bell, M.D. Third edition. Philadelphia: F. E. Boericke. 1888.

This excellent work needs no introduction to our readers. It is one which is hard for a homœopathic physician to get along without. This volume is an enlarged edition of our old friend, "Bell on Diarrhœa and Dysentery," and is worthy of the confidence which is always reposed in an old friend.

PROCEEDINGS AND PAPERS of the Homœopathic Medical Society of the State of Kansas. Sixteenth to Twentieth Annual Meetings. 1888.

This neat volume contains the reports of proceedings of the society for five successive meetings, and it makes a very creditable showing. The Kansas physicians are to be congratulated on having such an excellent record of their past history.

But the most striking paper is the very unique and interesting address of President Diederich, delivered at the last meeting, entitled "A Homœopathic Decalogue." It abounds in clever hits,

in good advice, and in good sense. Dr. Diederich shows himself to be a good homœopathist, and yet liberal enough to suit the highest and the lowest alike.

To be appreciated, Dr. Diederich's address must be read. Its extreme originality is refreshing. We suspect that the enterprise shown in the publication of this volume is in great measure due to the energy of the retiring president.

Preliminary Announcement.

The valuable series of articles on Hay Fever, by Dr. E. Lippincott, of Memphis, Tenn., will soon be issued in book form by Gross & Delbridge, publishers. Orders may now be sent in.

A GREAT POPULAR CYCLOPEDIA.—The fourth volume of Alden's *Manifold Cyclopedic*, a marvel of condensed information, fulfills the promise of those which have preceded. The publisher, John B. Alden, 393 Pearl St., New York, or Clark and Adams Sts., Chicago, will send specimen pages free to any applicant, or a specimen volume (which may be returned if not wanted) in cloth for 50c. or half morocco, 65c.; postage 10c. extra. The set of thirty volumes is offered at considerably reduced prices to early subscribers.

FOR SALE.—A \$1,600 residence and an extensive practice for only \$1,500. Reason for selling is on account of the altitude. My family can't live here. For further particulars call on or address P. I. Cromwell, M.D., Sterling, Logan County, Col.

The *North American Journal of Homœopathy* will come to you for three months, *gratis*, on receipt of your name and address.

The *Century* for September contains a continuation of Geo. Kennan's articles on Siberia.

St. Nicholas is the favorite magazine for the young.

Scribner's for September is an interesting number and profusely illustrated.

Burlington Route.**VESTIBULE TRAINS.**

"The Burlington's No. 1" fast train, leaving Chicago at 1 P. M. daily for Omaha, Lincoln, Cheyenne and Denver, and arriving at Denver at 9:10 A. M. the next evening, is now a solid vestibule train for the entire distance between Chicago and Denver.

The Burlington's "Fast Trains" to Kansas City, St. Paul and Minneapolis will also be vestibule trains at an early date.

THEY SAY

THAT amyl nitrite is highly explosive.

THAT eternal vigilance is the price of ———

THAT the bomb is dynamitier than the sword.

THAT ether-tippling is becoming a prevalent vice.

THAT absinthe-drinking is becoming quite common.

THAT a case of leprosy has been reported in St. Louis.

THAT amyl nitrite by inhalation is an antidote to atropia.

THAT there will be a great waste of 'rah material until November.

THAT a poisonous alkaloid has been discovered in the expired air.

THAT the Arizona Indians call iodoform the "chancere medicine."

THAT the existence of a "heat center" in the brain has been discovered.

THAT a quarter of the population of London gets gratuitous medical advice.

THAT birds have the greatest temperature, ranging from 105° F. to 110° F.

THAT the greatest infant industry this summer is scratching the prickly heat.

THAT the right cerebral hemisphere averages greater in weight than the left.

THAT a little plumbago from an ordinary lead-pencil will cure a creaking hinge.

THAT a diet of milk makes a large quantity of fecal matter, and also constipates.

THAT many physicians persist in writing *per orem* or *per oram* instead of *per os*.

THAT it is not surprising that an alma mater should give her students a diplo-ma.

THAT assimilation is a process of endosmosis, dissimulation is a process of exosmosis.

THAT the new-born children of opium-eating mothers will die unless given the drug.

THAT body lice may be instantly destroyed by washing the parts with sulphuric ether.

THAT a film of oil no more than the ~~width~~ of an inch will prevent waves from breaking.

THAT the Seven Sutherland Sisters' celebrated hair tonic consists of bay rum and salt.

THAT a cornet player who cannot attend the band meeting should send a subs-to-toot.

THAT it didn't hurt the baby to fall into the cistern, because it contained soft water, you know.

THAT a great many people who are crazy to get into the social swim are drowned before they get out.

THAT an American dentist has just been fined in Berlin for putting the word "doctor" on his cards.

THAT the reason Mohammed refused to go to the mountains was because the hotel rates were so high.

THAT in cholera the temperature may fall as low as 80° F., and in tetanus it may rise as high as 122° F.

THAT a pause between one respiration and the next indicates a pharyngitis and differentiates it from croup.

THAT fatal bronchitis in persons between ten and sixty years of age, is either capillary or secondary to tubercle.

THAT the American Medical Association no longer requires applicants for memberships to sign the code of ethics.

THAT there are many doctors in the poorer parts of London who will see a patient, prescribe, and supply medicine at twelve cents a visit.

THAT it is almost impossible to construct a telegraph line in some parts of Africa; monkeys climb the wires in such numbers as to break them down.

THAT it is hard to tell whether it is the pretty girl that makes the white dress look cool, or the white dress that makes the cool girl look pretty. Which is it?

THAT the bacillus of tetanus produces a peculiar ptomaine, which has been named tetanine. It is probable that the disease is due to the action of this ptomaine.

THAT 113° F. would prove fatal on account of the disturbance of the nutritive process. 75° F. would prove fatal on account of the excessive diminution of heat.

THAT not more than five persons out of a thousand who have used opium habitually for more than six months can ever free themselves from the trammels of the drug.

THAT a man put some chlorate of potassium and friction matches in his pocket. By the time they had settled their little difficulties he required surgical treatment for a burn.

THAT flesh which is to be examined for trichinæ, should first be subjected to the action of pepsin in acidulated water; the meat becoming peptonized the trichinæ are more easily distinguished.

THAT the ghost of a boy who died of eating too much watermelon haunts the melon-patch of a Georgia farmer, and at night it can be heard to cry and groan with the colic. It is supposed to be a case of "cholera-in-phantom."

THE MEDICAL ERA

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No. 10.

EDITORS :

CH. GATCHELL, M.D.

JAMES E. GROSS, M.D.

THE OPENING OF THE COLLEGES.

When this number of *THE MEDICAL ERA* reaches its subscribers, fourteen homœopathic medical colleges will have begun the winter's work, with an aggregate of about twelve hundred students in attendance.

There is one college each located in Boston, Philadelphia, Cleveland, Cincinnati, Ann Arbor, Minneapolis, St. Louis, Iowa City, Kansas City and San Francisco, with two in New York and two in Chicago. They are all well-established and prosperous, and three are state institutions. And yet there are those among our friends, the enemy, who say that "homœopathy is dying out"!

MANY GRACEFUL COMPLIMENTS.

To pay a compliment, and do it well, requires great delicacy and a rare tact.

The numerous compliments which were showered upon homœopaths by several members of the Kentucky State Medical Society, at its recent meeting, give evidence that the gentlemen composing that body are not wanting in the accomplishments of polite society. Really, they were so profuse in their praises, and so much inclined to return to the subject again and again, as to give rise to the suspicion that, in an excess of good feeling, they intended to flatter us beyond our deserts.

One member "admired the wisdom and forethought" of those who formulated the code of ethics, which would not allow a "regular" to consult with a "homœopathic practitioner."

This delicate compliment, so undeserved by us, fell from the lips of the distinguished president of the society, thus having the sanction of him who was highest in authority.

Another doctor found fault with the Governor of the state because he appointed "two little-pill men on the State Board of Health, which board was called into existence by the Society."

This glowing tribute to our worth came from a Lebanon member, who re-enforced his remarks with some further comments of a like tenor. Surely, homœopaths, had there been any within hearing, must have felt a growing pride, for while the president had called us "practitioners," this member made such an extended excursion into the realms of flattery as to speak of us as "little-pill men," and to insinuate that homœopaths have no right to any position within the gift of his excellency, the Governor.

But, if these two members were unnecessarily civil, the next one who spoke indulged in remarks which showed, really, an excess of kindness and good feeling. It is said that—

"Homœopathy received its just deserts at his hands, and he likened its treatment to the hair of the dog to cure the bite of the same. When he saw one of these gentlemen swinging his shingle to the breeze, he felt like exclaiming, in the language of the sheriff, 'God save the commonwealth!' He thought they were murderers, and worse than murderers. The murderer was honest in his profession, and did not pretend to be a doctor, and was liable for consequences. He thought every homœopath should be hung till he was dead three times."

What an excess of kindness is here! From compliments we have come to flattery—flattery of the crassest kind. The president called us "practitioners;" the Lebanon doctor, "little-pill men," but here is one who, out of the abundance of his heart speaketh with his mouth, and

bestows upon us the distinguishing title of "murderers." Was ever any set of men more highly flattered?

As we go further into the history of this remarkable meeting, it is possible to discern the source of all the good feeling expressed. After homœopaths had been consigned to the tender mercies of the hangman, the members proceeded to settle a few little difficulties among themselves. The record says:—

"The discussion was followed by a very intemperate exhibition of medical politics. When the report of the nominating committee was brought in, there was war almost to the knife. The president felt affronted at the unprecedented action of the society in rejecting the nominations of the committee, which was of his own creation.

"Dr. Yundell, in a very bitter speech, in which he accused members of holding office above that which was higher than honor [!], offered his resignation.

"Dr. Bailey offered his resignation as first vice-president. Accepted.

"Dr. Cecil offered his resignation.

"Several gentlemen rose to a question of privilege, some acrimonious remarks were made, and matters began to look fiery—

"When some member called for the resumption of the order of the day.

"The trouble dates back to feuds for which Kentucky is so noted, and has grown into fights between college faculties. Louisville has three times as many colleges as she can stand, hence this bitter rivalry and disgraceful quarreling."

These are the men who undertook to bestow upon homœopaths so many graceful little compliments. But we feel that we can, without any sacrifice of modesty, accept them from those who, among themselves, indulge in "bitter speeches," "acrimonious remarks," and "disgraceful quarreling."

In thanking our Kentucky friends for their kind consideration, there is only one other comment which suggests itself:

For a homœopath to be hanged, is rough; but for a homœopath to be hanged "till he is dead three times," is most decidedly tough!

THE YELLOW-FEVER.

It is just ten years since Memphis was visited by the scourge which is now devastating Jacksonville, and history is repeating itself.

During the month of September the fever has rapidly increased, finding a large number of

new victims each day, while the death-list is steadily growing. The city is being deserted as fast as refuge can be found, and those left behind are in a deplorable condition. Scattering cases have appeared at various places in the South, and there has been an outbreak among a party of refugees that fled to the mountains of North Carolina. The fever has also claimed one distinguished victim in New York City.

At the time of the Memphis epidemic, and during its height, Congress appointed a National Board of Health, composed of some of the most able sanitarians and medical men in the country. Their action was prompt and decisive, and when the disease reappeared the following year it was quickly suppressed and a second panic prevented.

Had this Board had a continued existence the present epidemic might have been averted, for it is now known that there were warnings of its approach many months ago. But there was no such body of able men ready to deal with it. The efficient Board of ten years ago—a body made up of sanitarians who in point of scientific attainments and in record of work actually done have never had their superiors—was wiped out of existence through political influences, and superseded by a political bureau—the marine hospital service—which has demonstrated its inefficiency in the present instance.

There should be another National Board of Health, non-partisan in its character, and composed of men who are selected because recommended by their scientific attainments and knowledge of hygiene and sanitation. It is the duty of Congress to re-establish the former board, or some similar body of men, and to give money freely to the execution of sanitary measures *before an epidemic appears.*

Our government has spent more money in the investigation of the diseases of the hog than of those which afflict mankind.

Meanwhile, Jacksonville is still suffering.

ABOUT TUBERCULOSIS.

It is only within the past ten years that we have gained an intimate knowledge of the nature of the most destructive disease that affects mankind.

At the recent Congress for the Study of Tuberculosis, held at Paris, many facts which have been developed within the period named, were for the first time formulated. Doubtless some of the statements made still need verification, but in the main we may accept the conclusions arrived at.

The communicability of tuberculosis—which by some has long been recognized as a fact—was reaffirmed. But it is generally agreed that the conditions of contagion must be favorable. The individual must be “susceptible”—there must be a proper “soil” to receive the specific germs.

This is the old question of “constitution,” of “diathesis,” stated in another way. What was formerly conjecture, is now almost a demonstration.

One of the most important, though by no means one of the newest, subjects discussed was the acquirement of tuberculosis through the medium of the milk or flesh of tuberculous animals. DR. H. C. CLAPP, of Boston, in his “Is Consumption Contagious?” has dealt with this question so intelligently and in so thorough a manner, that little remains to be said. But until the entire profession appreciates its importance, and until the people are taught to give practical heed to its lessons, continued agitation is demanded.

Under the most favorable conditions, the contagion of consumption may, doubtless, through the medium of the atmosphere, be taken into the system by inhalation. But this, while possible, must be of rare occurrence. Probably, in the majority of cases, the vehicle of transportation is the milk or flesh of tuberculous animals. In our large cities there is probably very little milk—consisting, as it does, of the mixed milk of many cows—which does not at times contain tubercle bacilli. That more people do not, by

this means, acquire tuberculosis, is because more are not susceptible.

The bacilli of tuberculosis cannot, it is believed, pass from the blood of the mother to the blood of the child, since they cannot traverse the placenta. At any rate, KOCH, WEIGERT and JAHNI have all presented negative evidence on the subject. Hence a tuberculous woman may bear a child entirely free from tuberculosis. If this be true, then heredity plays but a secondary rôle in the causation of the disease. But the child can inherit the “vice of constitution,” the “diathesis,” which renders it susceptible, and thus it succumbs to the first invasion of the system by tubercular matter, whether conveyed through the medium of the mother’s milk, cow’s milk, or other food.

According to M. VAN HERSTEN, of Brussels, tuberculosis is found in cows in the proportion of four in the hundred; among calves not more than one in six or eight hundred is affected. This fact would seem to lend probability to the view above expressed.

CADEAC and MALLET, as the result of experiments, satisfied themselves that the inhalation of air containing tubercle bacilli is not productive of tuberculosis unless the animal is already suffering from bronchitis. They claim that the presence of a catarrhal secretion in the acini and bronchioles is essential to the settlement and growth of the bacilli. If this be true, then it is in a line with the old theory of NIEMEYER, which he promulgated many years before KOCH demonstrated the specific bacillus.

Experiments in the line of preventive inoculation all gave negative evidence. Nor is it to be expected that the result should be otherwise. Consumption presents no points of resemblance to those diseases—such as small-pox and anthrax—which have been shown to be controlled by such prophylactic measures.

In the matter of therapeutics, the Congress was barren of results. Not a new remedy was named, nor a new line of treatment suggested.

But even this is far more creditable than it would have been had they offered to a waiting profession a number of impracticable and disappointing methods, which would but follow the *BERGEON* apparatus to the lumber-room.

The specific character of the bacillus tuberculosis, and its causative relation to the diseased process is now questioned by no one who is well informed. Even the sceptical *SEMMOLA* was compelled to make an exception of this, when warning others against the over-confident bacteriologists.

The one practical act of the Congress was the passing of a resolution to the effect that, in their opinion, all animals affected in any degree with tuberculosis should be seized and condemned as unfit for food.

In the light of present knowledge the carrying out of the sentiment which this resolution expresses would result in great good to mankind. It points out the chief, if not the only, practicable method of prophylaxis against consumption now at our command.

The result of the labors of this Congress seems to justify a remark which we find in "*Robert Elsmere*:"—"There never was so little original genius in Paris, and there never was so much good work being done."

THE GREAT ANTI-PERIODIC.

"Doctor, my former physician told me to take quinine, and within a short period I took sixty-eight 5-grain pills, but felt no effects whatever. Isn't that a little singular?"

This question was addressed to us by a man whom we were recently called upon to treat for a malarial fever. Our reply was that, everything considered, it was not at all singular.

Here was a man who had taken three hundred and forty grains of quinine, with no perceptible effect! Nine years ago, such a thing could not be, but now that the country is deluged with cheap and adulterated quinine, it may be taken with as much impunity as so much salt.

The reason for this is that the doors of this country are open to the world to enter with this product of the bark, and the manufacturers of the world, competing with each other, are not slow to take advantage of it. Adulteration, the child of close and enormous competition, has done the rest.

In 1879 the price of quinine in our markets was \$3.18 per ounce; at present it is about 80 cents per ounce. In 1879 all tariff was removed from quinine, and since that time it has entered duty free.

There are those who claim that it was the removal of the duty that lowered the price of the drug. But let us see if this is true:

Down to the year 1879 the world's only source of supply of cinchona bark was Peru. It grew in a wild state; no means were adopted to preserve the trees, and the forests were rapidly being depleted. Anticipating an ultimate failure of the Peruvian bark, the Dutch in Java, and the English in India and Ceylon, had, years before, begun its cultivation. The experiments proved a success, and in the early eighties the new supply began to come into the market. Immediately the price of quinine began to fall, and there has since been a steady decline, keeping pace with the yearly increasing supply of the bark, which is now far greater than ever before in the world's history. Moreover, the percentage of sulphate of quinine which can be extracted from the cultivated bark, is five times greater than that which the wild article supplied.

This is what has reduced the price of quinine, the world over, and the removal of the tariff duty in America had no more to do with it than did the death of the Siamese twins.

There are many facts which could be cited to substantiate this statement, but they are of greater interest to the political economist than to the physician. It is sufficient for us to know that the American manufacturer has been swamped by the product of the low-priced labor of Italy, Germany and England, and that the goods offered are of an inferior quality.

Meanwhile, the consumption of quinine has enormously increased, but the "shakes" are as common as ever.

DUNGLISON DEMOLISHED.

The following item was published just fourteen days ago in a Pittsburg paper:

Miss Margaret L. Crampton, M.D., has just been appointed a delegate to the Pennsylvania Homœopathic Medical Society. She is the first woman in the United States to be chosen as a delegate to a medical convention. She will read a paper on "Polio-Myelitis Anterior Acuta."

A few days later the same item, slightly corrupted, appeared in a Chicago paper. It wound up by saying—

She will read a paper on "Polio-Myelitis, Anterior, Acute."

The next Monday morning an Omaha editor got hold of it, and it showed up in his paper still a little the worse for the wear. It stated that—

She will read a paper on "Polio, Myel, it is anteri or acute."

With the aid of a pair of crutches the item is still wandering westward, and by the time it reaches "the Coast" the editors will have Dr. CRAMPTON reading a paper on "*Sapolio, why it is better than soap*," and its best friends will not be able to recognize it. When the secular press gets to wrestling with a medical term, Dunglison is fearfully slaughtered.

But is she the first woman delegate, anyhow?

DR. ABERNETHY was once consulted by a gentleman laboring under intense mental anxiety, almost bordering on insanity. On questioning him, he found that his malady was induced by close study, and advised him to abandon everything and seek repose, and especially to take frequent opportunities of seeing and hearing the famous Grimaldi, a noted clown and player who was convulsing London with his jokes and antics. To his surprise the patient exclaimed: "Alas, Doctor, I am Grimaldi!"

ORIGINAL ARTICLES.

Written expressly for THE MEDICAL ERA.

HEPAR SULPHURIS CALCAREUM.

By H. P. HOLMES, M.D.,

SYCAMORE, ILL.

THIS peculiar preparation, which is a standing proof of the wonderful experimentative research of Hahnemann, is used to-day only by the homœopathic school. The allopathic tendency to imitate and appropriate has shown itself in the spurious preparation known in our school as Hepar sulphuris kalinum. This latter preparation, the only one named in the United States Dispensatory, we are especially warned by Carroll Dunham not to use, for it has been discovered, in the course of experiments, that the sulphur in the compound is soluble. Our preparation of Hepar sulphur is not mentioned in the United States Dispensatory, which gives us reason to state that we are the only ones who possess and use this remedy. The radical difference in the two drugs may be appreciated when we know that Hepar sulphuris calcareum is prepared from equal parts of the flowers-of-sulphur and calcined oyster-shells; while Hepar sulphuris kalinum (the Hepar sulphur of allopathy) is prepared from one part of sulphur and two parts of carbonate of potassium.

The more one uses a remedy the greater knowledge he acquires of its sphere of action, and at the same time the more he is inclined to make a hobby of it, providing it fulfills its general indications. It is only by general use of a remedy, and by the wide experience of many physicians, that we can thoroughly learn its action; and when the result of that wide experience is gathered together, its judicious abridgement will indicate the certain and reliable use of the remedy. In this article I will present my own ideas of the uses of Hepar sulphur, in as practical a manner as possible.

We are taught that Hepar sulphur is the great remedy in suppuration. Very few, however, understand it to be one of the grandest remedies to *prevent* suppuration. Dr. Helmuth, in his work on surgery, quotes in a foot-note, page 61:—"Sometimes under its use the suppurative process is rapidly followed by absorption, and the abscess disappears without being opened." On the first page of Lilienthal's Therapeutics we read:—"If there arises on any internal or external part a painful, red, inflamed swelling, . . . Hepar will often disperse the whole swelling and keep off suppuration."

This experience I have verified so many times that I am led to regard Hepar sulphur as an anti-suppurative. In incipient adenitis it works wonders, and stands second to few remedies in its ability to promote resolution without suppuration. For enlarged cervical glands I rely chiefly upon Hepar and Iodine. In my opinion it always acts as an anti-suppurative. While the key-note of its use seems to be "suppuration," I believe it is its tendency to prevent suppuration and bring about a healthy tissue action, that makes it so useful. The two great health-producers are vital force and the circulation; consequently, whatever adds to, or detracts from, these two agents, acts correspondingly as a tissue-changer. Hepar sulphur may be said to release an unusual amount of vital energy, and this, and not the remedy itself, brings about the healing process. We see this well illustrated in its action following mercurial treatment; its antidotal action frees the system from the pernicious effects of the Mercury, and the released vital force carries the healing action on untrammelled.

A practice with me that has become almost routine, is, in the treatment of ulcerated sore throats where the mercurial preparations are used, to suspend the Mercury and substitute Hepar sulphur as soon as I find that improvement has begun. My reason for this is that I consider Mercurius a powerful and long-acting remedy, productive of many evil results after its desired action has been accomplished. In such cases all that we hope to accomplish is to remove the affection for which the remedy was prescribed. As soon as this healing action is well under way, nature will accomplish the rest, and the Hepar will prevent the Mercury from doing more than is required of it. This practice with me has been productive of such good results that I can advise anyone to follow a dose of Mercury by Hepar sulphur.

Hepar sulphur finds its main sphere of action in the scrofulous subject. For enlarged glands, eczema, intertrigo, and suppurating affections attended by a discharge of thick, yellow pus, it stands first and foremost. There are few cases of eczema capitis that will not yield to Hepar or Graphites, and these remedies work well in alternation, or used in periods, first one and then the other. I do not wish to be understood as advising the alternation of these two remedies, for it is not good homœopathic practice; but I wish to be honest enough to say that they have done for me most excellent work, in alternation, in days when my medical qualifications were

not such as to enable me in every case to prescribe the *similia* off-hand. For eczema of the body and extremities it has not satisfied me so well, and I am willing to attribute the result to routine prescribing, and not to careful individualization of the remedy.

The most familiar key-note of Hepar sulphuris is:—"Sensation as if a fish-bone or a splinter were sticking in the throat." This symptom might well have a broader meaning, and read: "a pricking sensation in the affected part." It matters not what the affection may be; the pricking sensation, as if there were a sliver in the affected part, is a sufficient invitation to study Hepar. Not only in sore throat does this symptom become valuable, but also in felons, abscesses, hemorrhoids (here, in contradistinction to *Æsculus*, where the sensation is as of sharpened sticks in the rectum), pneumonia, pleurisy, rheumatism, and, in fact, in any affection in which the symptom appears. As proof of this, I will cite Allen's Encyclopædia, in which over fifty symptoms are given containing the words "sticking" or "pricking." Many physicians will bear witness of the efficacy of Hepar in removing so-called "fish-bones" from the throat, and a similar condition is apparent in felons. The majority of patients appearing for treatment for felons have thought there was a sliver in the affected part, and have made pretty strict search for the offending object. Had Hepar been administered when the patient first began the search for the "sliver" the trouble would, most likely, have been warded off. Confirmatory of this Allen gives, "Stitches in one finger, as from needles."

Among the mental symptoms, we find an irritability equal to and similar to that of Chamomilla. Peevish, irritable, fretful; quick, hasty speech; peevish about trifles. This irritability may come largely from another condition which is a key-note of the remedy:—"great sensitiveness to the slightest touch." The patient is not only sensitive to touch, but also to the slightest draft of air; sensitive to everything.

This remedy, so useful in suppuration, is also one of the polychrests in rheumatism. If anyone wishes to see its many indications in this disease, I would call his attention to that excellent work on "Rheumatism and Kindred Diseases," by Dr. D. C. Perkins. The excessive irritability and sensibility; the great sensitiveness to the slightest touch or draft of air; the great heaviness of the limbs and the affected parts; red, hot swelling of the joints of hands

and fingers, and last, but not least, the previous treatment of the case by Mercury or the Iodide of potassium, are the leading indications for Hepar sulphur.

In croup, either spasmodic or true, it is of the greatest service. Where the cough has the rough, sawing sound, but with more or less of a loose rattling, it will do good work. It forms one of the five celebrated croup powders of Bönninghausen; viz: 1 and 2, Aconite 200th; 3 and 5, Hepar sulphur 200th; 4, Spongia 200th. Hahnemann says in his "Lesser Writings:"—"The symptoms of croup are to be found in the pure materia medica among symptoms produced by burnt sponge and Hepar sulphuris; and see! these two alternately, and in the smallest dose, cure this frightful disease of children, as I first discovered."

In the summer diarrhœas, when the patient smells sour; when the first thing noticed on entering the sick-room is the sour smell from the patient, there are few remedies so likely to be indicated as Hepar sulphur. The same hint in regard to the previous use of Mercury applies as well here as in any other case. I will not go farther in its indications in diarrhœa, as all have the materia medica to refer to.

For conjunctivitis where there is a profuse, yellow discharge, sticking the lids together, and the eyes very sensitive to contact or light, it will do good work. In many cases of ophthalmia neonatorum, where the above symptoms are prominent, it will prove a reliable remedy.

I have a case of chronic pelvic peritonitis which derives more benefit from Hepar sulphur than any other remedy, even though others seem better indicated. When from over-exertion, riding, or a long walk, the sensitiveness of the peritoneal membrane appears, there is nothing soothes like Hepar sulphur.

In my experience the lower potencies act best, and also in frequently repeated doses. I have used it in the third decimal, the sixth, twelfth, thirtieth, two hundredth and one thousandth, and my preference is for the third. While others may get a satisfactory action from giving a single dose high, it has always failed to act as well for me if used above the third or sixth trituration. I have also come to the conclusion that alcoholic dilutions do not act as well as the triturations. My practice is to use two-grain powders, repeated as often as is considered necessary, and that has often been as often as every hour for a greater or less length of time. Carroll Dunham says of it: "Some physicians use the third only of Hepar sulphuris

who use higher potencies of other drugs." Hahnemann speaks of giving ten grains of Hepar sulphur in twenty-four hours to a young man who had taken large quantities of Calomel for a gonorrhœa. He afterwards gave the same patient three grains of this remedy every hour, with the best results, and then adds: "I leave every thinking man to draw his own inference from this striking case."

THE THERAPEUTICS OF OXALATE OF CERIUM.

BY E. M. HALE, M.D.
CHICAGO.

THE extension of the therapeutics of this drug is one of the curiosities of medical science.

It was introduced to the profession by Dr. J. Y. Simpson, as a remedy for the vomiting of pregnancy. I do not know what lead Dr. Simpson to its selection, for he was certainly the first to use it in any way. He designated it "a sedative tonic, resembling in some degree, the Salts of silver and Bismuth." He not only found it useful in the vomiting of pregnancy, but in many cases of vomiting from uterine irritation; also in "pyrosis, hysterical emesis, and various dyspeptic conditions of the stomach—especially atonic dyspepsia."

The clinical experience with this drug in the above disorders, has been in many cases brilliant and surprising, relieving serious cases when all other remedies failed. There being no "proving" on record, the exact symptoms calling for its use cannot be given. My own experience shows that while it will arrest the vomiting, even of bloody matters, and the painful, empty retching, the nausea generally remains.

The deduction I have drawn from this fact, is that its chief power is on the spasmodic element in the vomiting process. It appears to me to act more upon the motor, than on the sensory nerve of the stomach. It is of some value in the vomiting of children—from reflex, intestinal or cerebral irritation. Several physicians have found that in doses of 5 grains, in children, it has some decided "narcotic" effects, which would show that it has some sedative action on the brain.

The next step in the evolution of Cerium is its use in whooping-cough. Several physicians found it to have decided palliative effects in the spasmodic stages. It changed the whoop, or spasm of the glottis, to an ordinary cough. This ought to have led to its use in idiopathic spasm of the glottis in children and hysterical women, but I find no record of such use.

Recently several papers have appeared recommending its use in all severe, shaking, spasmodic coughs, those of a nervous or reflex origin, and in chronic bronchitis and laryngitis.

Now, in cough, or in vomiting, it is evident that it is the spasmodic element which is most under the control of Cerium.

Theoretically it ought to be useful in spasm of the stomach and intestines. Dose, 1 or 2 gr., crude, or 1x to 3x.

A new use of this drug is to relieve the pain in dysmenorrhœa. The discovery of its value in this disorder was due to a mere accident. Dr. Chambers, in the *Medical Record*, writes that he was applied to by a young lady of fine physique, in perfect health. Not wishing to give her Morphine, thinking that "a little pain would do her less harm than a dose of Morphine," he gave her four powders of 5 grs. each of Oxalate of cerium "as a placebo," one to be taken every hour till the pain was relieved. To his surprise he learned from the lady that three powders had given her entire relief. Acting on this experience Dr. Chambers says he has given it in many cases with excellent success. He says he cannot state exactly what form of dysmenorrhœa it cures, but adds: "It is in that kind, however, frequently occurring in fleshy and robust women, with scanty discharge, in which the pain comes on before the flow, or at its commencement, is spasmodic or colicky, accompanied by a feeling of tenesmus, and is relieved when the flow is thoroughly established." He says he does not remember a failure when given for the above symptoms. The dose he finds most useful is 5 grs. every hour till relieved. He cautions us to use only the pure drug.

65 TWENTY-SECOND STREET.

THE MODIFIED CLAMP OPERATION FOR THE REMOVAL OF REDUNDANT TISSUE OF THE LOWER RECTUM.

By E. H. PRATT, M.D.

CHICAGO.

IN THE MEDICAL ERA for August, 1887, was an article by the present writer on "A New Operation for the Treatment of Hemorrhoids." It was a description and commendation of Whitehead's process, but at the close of it is the following prophetic language:

"It is possible that a combination of the clamp and the present operation may shorten the process, and make it less bloody; and although it is as yet untried, I can think of two ways of accomplishing this purpose. The first

is by clamping half of the anus at a time and applying the stitches behind the clamp before it is removed. The crushed ridge is then to be amputated and the stitches secured, after which the other half may be dealt with in a similar manner.

"The second suggestion is to include the entire anus in a single grip of the clamp, being careful not to apply the clamp as closely as in an ordinary clamp operation. After removing the clamp and severing the crushed ridge, I can conceive no difficulty in matching the mucous membrane to the skin by sutures."

A year has now gone by, and the operation, which at that time was merely suggested, has been so thoroughly tested and has passed into such general use, owing to the simplicity of the process and the uniformly satisfactory results obtained, that there is little doubt now of its passing into the history of surgery and occupying a place in the list of standard operations.

This fact is now pretty well known, as the operation has been pretty generally adopted, but a more careful account of its details may be of use to some, and will constitute the future report promised in the original article.

The operation is for the relief of cases which present at the anus a large mass (constant or occasional) of prolapsed, redundant and congested tissues, and has for its object the complete removal of the mass without loss of time or blood and the covering of the wounded surface by mucous membrane.

As the first method suggested has been so eminently happy in its results, I have never tried the second, and have heard of no one who has. Hence, my report will be confined to the former.

The patient having been anesthetized and placed on his back, with the thighs flexed on the abdomen and hips elevated on a pillow, the sphincters are thoroughly stretched, the degree of stretching being until they show no tendency to immediate contraction. Artery-forceps are now employed to seize the protruding portions destined for removal, the entire ring being well everted by their aid.

By examining the prolapsed ring a decision will easily be reached whether it will require dividing in two, three, or, possibly four places. After a bistoury has accomplished this, one of the segments is to be seized with two or three pairs of forceps and held straight while the clamp is being applied. The choked tissues are now to be clipped away, so as not to interfere with the subsequent work. Straight needles, threaded with good-sized cat-gut, are now passed

through the secured segment, about one-quarter of an inch apart and one-quarter of an inch from the clamp, the ends being held apart by an assistant. The clamp is now removed, the crushed ridge seized with forceps and cut off with scissors. No hemorrhage of consequence should follow. The stitches should now be tied. The other segments are to be treated in a like manner until the circuit of the anus is made. A few places will now be found needing additional sutures, which are to be applied in such a manner to co-apt the skin and mucous membrane neatly at every point. The wound may be dressed antiseptically or treated with moist or dry, hot or cold dressings, as the surgeon prefers.

Occasionally some slight pain and soreness results for a day or two, but not usually so severe as to require a local anodyne.

The part will require no further attention if the work is well done, as healing takes place by first intention, and no contraction follows.

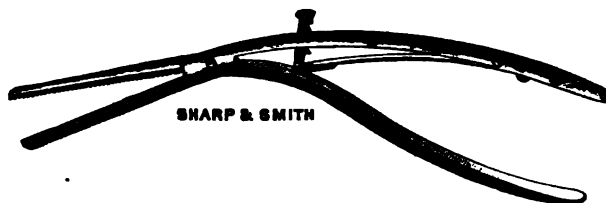
This operation seems to me to be so admirably adapted to its purpose as to admit of little improvement. A week in bed is the usual time needed for complete repair.

So much for prolapsus with redundant tissues. But there is another condition that calls for attention in which invention is still needed. It is where there is a varicose condition of the whole ring of anastomosing veins at the lower margin of the anus, without either prolapsus or redundancy of the other tissues. To remedy this trouble there are two methods, either of which would be practicable, but, since they are as yet untried, so far as I am aware, experience must determine the choice between them. One method is the suggestion of Dr. C. S. Eldridge, of Chicago, and the other is my own. Dr. Eldridge proposes sub-mucous ligation with silk, by sections.

The other process involves the separation of the mucous membrane from the skin, as in Whitehead's operation, except to a less extent, the paring off of the enlarged veins from the under surface of the mucous membrane with a pair of scissors, and the subsequent replacing of the mucous membrane and sewing it to the skin with cat-gut. These cases often resist cure by simple dilatation of the anus, by ointments, internal medication and by injection, and call for radical measures. It seems as if one of the methods proposed would meet the requirements of such a case.

The following cut illustrates a new clamp which I have just had constructed for use in

cases presenting one or more large isolated internal piles, piles which are too large to exsect with scissors and too long to permit of treatment by the injection method with safety. The bowel is to be dilated, the pile is to be seized with one or more artery-forceps and raised from its bed, and the clamp is to be applied longitudinally.



The choked tissue is to be snipped away and cat-gut ligatures are to be applied behind the clamp, the clamp removed, and the ligatures tied, as in the modified clamp operation just described. In some cases this can be done without a speculum, but the tissues are so easily torn that it is safer to use one, especially where the pile is under the prostate gland. The final appearance of the wound is of one or more fine, nicely co-apted seams, extending up and down the bowel. This clamp has already been used, and gives satisfaction.

56 CENTRAL MUSIC HALL.

THE TREATMENT OF CONGENITAL TALIPES EQUINO VARUS.

By G. F. SHEARS, M.D.

CHICAGO.

[Read before the Illinois Homœopathic Medical Association.]

IN looking over the works in my library on general surgery—Gross, Helmuth, Agnew, Heath, Hamilton, Wyeth and others—I was surprised at the uniformity with which these authorities limit their remarks on the operative treatment of club-foot to the division of tendons in the medium and severe cases of deformity, and to the possible efficacy of tenotomy in the extreme cases. In none of these is reference made to the necessity of dividing other structures than the tendons and fascia, while it is certain, from recent observations, that the ligaments play a part second to no other structure in the maintenance of the deformity, and that their division is as important, in severe cases, as that of any of the tissues named.

Again, some of these authorities adopt the plan of simultaneous division of all the tendons implicated, while others divide only a part at one sitting; some advocate the plan of immediate restoration of the foot to its normal position, after tenotomy, while others believe several days

should elapse between the operation and the straightening of the foot. No one but Wyeth places any stress upon plaster-of-Paris, the agent which, in my experience, is the most valuable of all the mechanical appliances. It is this lack of appreciation, on the part of the authors mentioned, of the part taken by the ligaments in the maintenance of deformity and of the value of syndesmotomy, as well as this variance in the after-treatment, that has led me to bring the subject before this Society.

Equino-varus is of many grades, from the very light to the very severe, and the anatomy of the deformity is equally variable. In general, it consists of an extension of the ankle and inversion of the foot. This latter is a complicated change, a rotation of the calcaneum inward, and an inversion of that part of the foot beyond the medeo-tarsal articulation. The foot, in its normal position, is held in place and its arch maintained by the binding together of its tarsal, metatarsal and phalangeal bones by ligaments and by the sustaining power of muscles and tendons. Any change in position of these bones, such as occurs in talipes, means a changed relation of both ligaments and tendons. The action of the tendo-Achilles in extending the foot and producing or maintaining the equinus, is well recognized, and the action of the tibialis anticus, posticus, flexor longus digitorum, flexor longus pollicis, adductor pollicis, and plantar fascia, in producing or maintaining the inversion, is equally well recognized, but that the ligaments uniting these bones are equally at fault, and their division as certainly demanded, is not so widely taught.

My attention was first called to this subject some three years ago, while treating a severe case of club-foot. I had divided all the tendons, but still the foot could not be restored to the desired position, the point of resistance being at the mid-tarsal articulation. As a last resort I turned the knife toward the bone and cut down until it seemed to enter the joint, when all resistance to restoration gave away. I believed that I had divided the ligaments. This procedure I continued to practice, more or less thoroughly, but never having had an opportunity to verify my conclusions by dissection of a talipedic foot, I did not feel sure of them until I read the record of Dr. Parker's experiments, dissections and conclusions as published in his recent monograph.

According to Dr. Parker, after all the muscles had been removed from a talipedic foot, he could not restore it to its natural position without us-

ing greater force than is warranted in a living foot, while in the fellow foot, which was equally deformed, after the dividing of the tarsal ligaments reduction became easy, even when the muscles remained *in situ*. The value of this discovery I have frequently verified.

A brief consideration of the changes in the talipedic foot will enable us to determine more plainly the ligaments at fault. As said before, the inversion of the foot takes place at the mid-tarsal joint, the movement of the foot at the ankle being limited to that of extension. The medeo-tarsal joint is formed by the articulation of the calcaneus with the cuboid and the astragalus with the scaphoid. As in varus, the contraction is on the inner side of the foot; the ligaments of the astragalus and scaphoid are the ones that are at fault in a majority of cases of inversion of the foot.

In addition to the astragalo-scaphoid ligaments proper, the bones are still further united by fibres from the anterior ligaments, and by fibrous expansions of the tendons of the anterior and posterior tibial muscles. These form bands of great strength, and nothing but their division will permit of complete restoration of the foot in severe or neglected cases.

The extension of the foot depends largely upon the contraction of the tendo-Achilles, but besides this, in severe cases, the posterior ligament of the ankle-joint is shortened, so that its division is necessary in the complete extending of the foot.

Accepting, then, these conclusions as to the structures entering into the maintenance of this deformity, how is the foot to be treated? The remarks in the opening of this paper indicate my faith in tenotomy. While certain of the simple, uncomplicated cases may be successfully treated by mechanical appliances, in a great majority of cases tenotomy is absolutely necessary to a rapid and successful cure.

During the past few years I have seen many cases in which, after long and tedious efforts, the deformity was not overcome, and the child, having passed the most propitious time for correction of the deformity, was then obliged to submit to the usual operation. There should be no objections to tenotomy, for, when skillfully done, there is no possible danger. The operation should be made as early as possible. If the child is strong and hearty the third or fourth week is not too early, but if weak and puny all interference may be postponed until several months later. In every instance the operation should be made and the foot in position by the

time the child begins to put his weight upon his foot.

The manner of dividing the tendons is described in every work on surgery, but of the ligaments little is said. I will, therefore, take the liberty of giving some directions. The astragaloscaphoid ligament is the most important, and is most easily divided by entering the tenotome, held vertically with the edge forward, in front of the internal malleolus, the blade being passed between the structures to be divided and the skin. The knife is then turned toward the ligaments and gradually made to cut its way down until the tarsal bones are reached. The calcaneo-cuboid ligament may be divided in a like manner, the knife being entered as nearly as possible over the calcaneo-cuboid articulation on the outer surface of the foot.

The posterior ligament of the ankle may be divided by passing a spear-shaped tenotome vertically through the tendo-Achilles, just above the prominence of the calcaneus. The knife is then turned flatwise and made to enter the capsule at about its center. By putting the ankle on the stretch and turning the knife first to one side and then to the other, as much may be cut as necessary to straighten the foot.

Most of our authorities advise the plan of dividing the muscles and fascia, producing the inversion of the foot, and after two or three weeks' treatment, then to divide the tendo-Achilles, believing that by maintaining the immobility of the astragalus and calcaneus the inversion of the foot can be more easily overcome. While this seems to be the view of many of the writers, I believe the more prominent orthopedic surgeons do not follow it. My plan has been to make multiple tenotomies and divide all constricting bands at the first operation.

In connection with this subject, as to whether a part or all of the constricting bands should be divided at the same time, comes the question: Is it best to place the foot in its deformed position and wait for some days until a plastic effusion has connected the divided ends of tendons, and then begin gradually to stretch the newly-formed tissue? Or is it better immediately to place the foot in as nearly a perfect position as possible? The fear of the older operators, that immediate restoration, necessitating, as it does, a wide separation of divided structures, might result in non-union, has not been verified by results experimentally or in practice, and it is more than probable that the constant interference with the process of repair resulting from the old plan of constantly stretching newly-formed tissue, was more injurious than the more

pronounced treatment at the time of the operation. No matter how wide the separation, plastic effusion and blood in the sheath of the tendon will quickly prepare the way for uniting the divided structures.

Having divided all constricting bands and restored the foot as nearly as possible to its normal position, how is it to be so retained? Following the advice of the older authorities, most of our text-books advise the use of carved wood splints, of tractable metal splints, of adhesive plaster, and of Scarpa's shoe, and yet none of them, in my experience, is to be compared with the plaster-of-Paris cast. In Scarpa's shoe, and the various metal splints, the pressure must of necessity be more or less localized, the strain coming more on certain points than on others, and as a result ulceration occurs. The frequent application of adhesive-plaster to a sensitive, delicate skin, is soon followed by irritation, while the elasticity of the skin makes the maintenance of the desired position almost impossible. Plaster-of-Paris, on the other hand, does not have fixed points of pressure, but may be so applied as to bear equally on the entire area of the foot, thus doing away with the sores and ulcerations, and at the same time maintaining the foot for any length of time in the position placed, a result not to be obtained by any other mechanical appliance. The fact of its cheapness is not to be ignored, especially in hospital practice.

Before the plaster bandage is applied, a soft, well-fitting woolen stocking may be put on; or, if this is not at hand, a soft bandage may be applied from the toes to the knees. The toes should be left free in order to observe any possible obstruction to the circulation of the foot.

One of the great objections to plaster-of-Paris is its difficulty of removal. This may be obviated in part by the method of application. The following little wrinkle, as Dr. Ludlam would say, I have frequently adopted with satisfaction to myself: After placing a single layer of the bandage about the foot and leg, bring successive layers up almost to the median line, and then turn back, and so continue until sufficient thickness is obtained. By this means the strength of the cast is maintained, while the single layer down the center admits of easy division. The bandage may be allowed to remain for from one week to one month, according to the circumstances of the case. If the foot, after the operation, has been restored to normal position, and the bandage is simply used to retain it in this position, the bandage may be allowed to remain for one month; whereas, if still more extension is demanded, at the end of one week the bandage

may be removed, the foot placed in a better position, and the bandage reapplied.

As soon as the foot is in normal position, the plaster-of-Paris may be discarded and a properly-fitting shoe, with braces, applied. These braces should reach above the knee, and if there is any turning in of the limb, they may extend to a pelvic band. The child should be under supervision for two or three years, and in the meantime massage and friction should be daily practiced.

The following table gives the results in eleven cases of club-feet treated by me according to the

plan suggested in this paper. As will be seen by the record, seven of them were perfect results, three were nearly perfect, and in one the foot remained curved, although the sole of the foot could be placed upon the ground. Of the three cases marked nearly perfect, all the children were over three years of age, and the least perfect one was in a child of six years. Less trouble was had with the old cases of double talipes than in the single, possibly because the child with both feet deformed walked but little compared with the cases of single talipes.

Designation.	Age.	Character of Deformity.	No. of Operations.	Results.	Operations.
James R.	8 months.	Double.	1	Perfect.	Tenotomy.
August S.	6 months.	Double.	1	Perfect.	Tenotomy.
Charlotte M.	1 year.	Double.	1	Perfect.	Tenotomy. Syndesmotomy.
Julius Y.	3 years.	Single.	2	Perfect.	Tenotomy. Syndesmotomy.
Patrick F.	1 year.	Single.	1	Nearly perfect.	Tenotomy. Syndesmotomy.
Adam H.	5 years.	Double.	3	Perfect.	Tenotomy. Syndesmotomy.
Mamie B.	6 years.	Single.	3	{ Walks on sole of foot. }	Tenotomy. Syndesmotomy.
				{ Nearly perfect. }	
Maggie B.	6 months.	Double.	1	Perfect.	Tenotomy.
Jennie R.	13 months.	Double.	1	Perfect.	Tenotomy.
Nellie R.	3 years.	Double.	1	Nearly perfect.	Tenotomy. Syndesmotomy.
Reiley C.	4 years.	Single.	2	Nearly perfect.	Tenotomy. Syndesmotomy.

3130 INDIANA AVENUE.

NEURASTHENIA IN ITS PROTEAN ASPECT.

By H. D. CHAMPLIN, A.B., M.D.,

CLEVELAND, OHIO.

NEURASTHENIA is a condition of nervous exhaustion, or prostration of the whole or some part of the nervous system, due to deficient nutrition of the parts. Ocular and microscopical examination fail to find any gross lesion of the spinal cord or brain. It even occurs without general anæmia or any apparent disturbance of the vital functions.

The cause may be traced to excessive functional activity of some part of the nervous system; the emotional, intellectual, or reproductive. The disease, or condition, is real, although careful investigation fails to find any organic lesion. It may be manifested in a variety of ways; its symptoms depend upon the type which exists—cerebral or spinal exhaustion—and also upon special idiosyncrasies belonging to the patient.

No two cases exhibit identical manifestations of nervous depression.

A neurasthenic is not a person with a nervous system prone to break down, but one whose nervous system, from some cause, is actually broken down, and who has become an invalid, and is incapacitated from performing the ordinary duties of life; such persons complain of

languor, general weakness, mental depression, loss of sleep, and loss of all energy in the pursuit of business or pleasure. The causes which largely bring about such a deplorable state are many and varied; shock, overwork, mental strain, prolonged grief, irregularity as regards meals, sleep and rest; bad habits, viz.: sexual errors, immoderate use of tobacco, abuse of alcohol, chloral, morphine and drugs of that kind.

The nervous centres are starved and the impoverishment is so great that nutrition fails to supply the demand.

The symptoms divide themselves into those proceeding from cerebral and spinal exhaustion. Some patients who suffer from the first-named manifest its effects in the voice—it becomes faint and toneless; others in mental disturbance, stomach difficulties, insomnia, skin disturbances, disturbed heart's action, and so on throughout the entire human organism.

When we consider the fact that by means of the brain and spinal marrow, and the nerves which unite them to the different parts of the body, we are enabled to smell, taste, hear, and perform voluntary muscular actions, any apparently discordant facts which arise may be easily reconciled. By means of our nerves the digestive processes go on, the heart beats, the blood-vessels contract and dilate, and every

process pertaining to life is automatically regulated without our knowledge or control, and it is easy to understand how a debility of the nerve-cells and fibres can disturb any particular one or all of the special functions. One patient may suffer from sexual exhaustion, another from nervous dyspepsia, a third from insomnia, and so on.

The symptoms of most importance in cerebral neurasthenia (brain exhaustion), and those present to a greater or lesser degree in every case, are, insomnia, intense activity of the mind during waking hours, mental irritability, and inability to concentrate the mind on tasks of the simplest nature—the mind wanders continually from the subject in hand; also, we find spasmodic jerking and movements of the whole body, or a single member, just as the patient is falling into a doze, and constantly recurring. There are morbid fears of various kinds, which generally indicate sexual exhaustion, among which may be mentioned anthrophobia—fear of mingling with men; gynæphobia, fear of women—panthaphobia, fear of everything, and so on *ad infinitum*.

In addition, we find among the symptoms: vertigo; dilatation of the pupils; pain and weight at the vertex of the head; tenderness of the scalp, general or partial; *muscæ volitantes*; *tinnitus aurium*; flushings of the face; dryness of the skin and mucous membranes; trembling of head and limbs; excessive perspiration; numbness in the limbs; blanching of the hair; hopelessness; pains in the head; abnormal and imaginary impressions of smell and taste.

The symptoms in many cases are but the manifestations of weakness. The brain-cells are feeble or uncertain in their action; incapable of performing their offices; not diseased, but liable to be sooner or later.

Spinal neurasthenia (spinal exhaustion), myelasthenia, signifies an exhausted state of the cells which go to make up the spinal cord.

The spinal cord is about the size of an ordinary lead-pencil, and is sixteen inches in length, composed of millions of nerve-cells and distinct bundles of nerves; some of these nerves pass through to the brain above, others are united to the spinal cells, and pass no farther.

This organ is under the control of the brain, but is capable of exerting, under certain circumstances, control over all its acts, which are termed "reflex," because to a greater or less extent independent of the will.

It serves also to conduct to the brain perceptions of pain, touch, and motor impulses sent

out from the brain-cells to the muscles of the body and limbs. Therefore, when the cells of the spinal cord become exhausted, the symptoms differ in a marked manner from those of cerebral exhaustion. The following may be mentioned as among the chief manifestations:

Tenderness on pressure of the spine in its whole length, or in spots, accompanied or not by spinal irritation; attacks of palpitation of the heart; an extremely rapid or slow pulse, which fluctuates widely during periods of excitement or fatigue; muscular twitchings in one or a group of muscles; cramps of the limbs, especially at night; general or local pruritus, always worse at night on retiring; abnormal sensations of heat in the skin of the body or limbs; excessive perspiration on the slightest cause; irritability of the breast, ovaries, and uterus in women; in men frequent seminal emissions; weakness of the rectum and bladder; local disturbances of innervation and circulation; highly sensitive to cold, and especially to changes in the weather; disturbances of the digestive functions, viz.: nervous dyspepsia, etc.

The distinction between the two forms of exhaustion cannot be made in every case, because various combinations of the two are encountered in the same individual.

Neurasthenia in all its forms occurs in the male between the ages of fifteen and sixty, the active sexual period. In the female, between the ages of ten and forty-five; after the menopause the liability ceases.

The aged, children, and infants are singularly exempt from neurasthenia.

The treatment should tend to procure complete rest from worry and exertion of all kinds, hence the temporary relinquishing of business or duties is advisable, until rest sufficient for recuperation has been obtained; then return to the usual vocations, which must be carried on in moderation; let them observe the old Spanish maxim, *festina lente*.

Bad habits, if any exist, must be corrected, masturbation in particular.

Invigorate the whole system and take measures to that effect. Out-of-door life, sponge-baths, salt-baths, sea bathing, nutritious and generous diet, tonics, cod-liver oil, fats and oils as freely as they can be borne. That fats are an important auxiliary in general nutrition there can be no doubt.

Electricity (either current, galvanic or faradic; either pole, anode or cathode, upwards on the spine) and massage play an important part in restoring lost nervous energy.

In cases of nervous dyspepsia or weak stomach, feed often, small quantities at a time, and after each meal give a powder of pepsine. (I use the old-fashioned chicken gizzard triturated with sugar-of-milk.) When the stomach is incapable of performing its functions, resort to rectal and vaginal alimentation.

When anæmia is present, give Iron in the form of the Ferrum phos. or the sub-carbonate, three times a day.

A change to a tropical or hot climate often brings about good results.

All other plans failing, isolation, complete rest, over-feeding, massage, as practiced by S. Weir Mitchell, will speedily bring about a reaction.

The drugs which have proved useful in these cases are, Borax, Gelseminum, Belladonna, Tarantula, Ledum, Mercurius sol., Digitalis, Secale corn., Conium, Zinc sulph., Cannabis Indica, Sulphur.

As a tonic I have given Arsenicum album, 2x trit., Strychnin sulph., 3x trit., *equal parts*, a powder twice a day, and have gotten results I could not when given singly or in alternation.

The intense *pruritus* so often present can be relieved by frequent sponging in water in which Borax, Bicarb. of soda, Carbolic acid (10 per cent), Chloroform, and Muriate of cocaine (4 per cent), have been placed.

The *insomnia* yields more quickly to the indicated remedy than to the use of hypnotics (a lazy and slovenly habit).

Alcoholic stimulants should be avoided as much as possible; from the relief they give, the patient is apt to form the habit of using them constantly.

SOME DIAGNOSTIC POINTS BETWEEN NEURASTHENIA AND ANÆMIA.

Neurasthenia.

Rarely appears in scrofulous, rheumatic, or tubercular subjects. Is limited to the middle period of life.

Is not dependent on any organic disease. No cardiac murmur or necessary pallor.

May lead to hysteria, but hysteria is a distinct condition.

The menstrual functions are not as a rule deranged.

Prognosis usually good; majority of cases get well.

Anæmia.

Generally appears in scrofulous, rheumatic or tubercular subjects. Found at all periods of life.

Often dependent on organic disease. Cardiac murmur and pallor always present.

Hysteria is not a distinct condition.

The menstrual functions are almost always deranged.

Prognosis depends largely upon cause producing it.

A GLANCE AT ABDOMINAL SURGERY.

By C. A. PAULY, M.D.,
CINCINNATI, O.

THERE is a tendency on the part of the surgeon of to-day—probably more with the so-called “regular” than the homœopath, to resort to the use of the knife in the treatment of disease of the uterus and its appendages before giving internal medication proper attention and time to show its beneficent and curative effects.

The surgeon who has performed the largest number of laparotomies, hysterectomies, trachelorrhaphies and perineorrhaphies with the smallest mortality, is greatly admired by his aspiring colleagues. He goes into the medical societies, or before a class of medical students, buoyed with the feeling of success, and reports the number of successful laparotomies he has performed, but says very little about the permanent cures he has made, because the results of many of these operations are very unsatisfactory. Nevertheless, the operative plan is considered the only cure.

I have witnessed a number of these operations, and have looked on some of them in perfect amazement, and wondered why surgical interference should be resorted to, when proper internal medication and rest would restore the patient to health. I heard an eminent gynecologist state to his class several days after performing Tait's operation (removing the ovaries) to relieve the sufferings of the climacteric period: “Gentlemen, I feel perfectly satisfied with the antiseptic precautions and the manner in which we performed Tait's operation on Tuesday, but I regret to announce our patient is dead. This is the first case of Tait's operation I have ever lost, yet I do not think I will ever perform it again. This lady was a great sufferer, but she would have soon passed the climacteric, and by the use of medicines might have been made comfortable the rest of her life.”

More attention to internal medication and the proper selection of remedies will be gratifying, and oftener lead to success in the treatment of these cases than by the use of the knife.

The ambition for surgical fame is too great and the aspiring surgeon thinks he must go with the crowd. Hence he rushes into abdominal surgery with a lack of proper consideration and study of the malady he has to deal with. His time is spent in looking up surgical procedures instead of looking up the medicinal curatives.

The slightest enlargement of an ovary, or the presentation of a small tumor in the abdominal

cavity, in the opinion of these enthusiasts, requires its removal. There is no other cure. A few bands of adhesions binding down the uterus necessitates opening the abdomen, breaking up the adhesions and liberating the uterus. A slight laceration of the cervix, with protrusion of its mucous membrane is considered an excellent case for trachelorrhaphy. Cystocele, often said to be the cause of cystitis or catarrh of the bladder, calls for calorrhaphy. In like manner I might write of many of the capital operations that are constantly being performed by our eastern surgeons and by many in the West.

The surgeon of the "regular" school, for want of knowledge of internal medication, is obliged to resort to surgical measures in the treatment of diseases of the uterus and its appendages, or let them alone, and many times it would be better if he would let them alone. The homœopathic surgeon has at his command a *materia medica* full of drug provings, and a law of cure—yet he is liable to become enthusiastic over the reports and writings of his allopathic friends and induced to resort to the use of the knife without carefully considering and applying internal medication under the law of similars.

SEVENTH AND MOUND STREETS.

SOME USEFUL DRUGS.

BY HENRY SHERRY, M.D.

CHICAGO.

VERATRUM VIRIDE.

THE special value of *Veratrum viride* to me is in diseases of the respiratory organs, and in convulsions. As showing its wonderful power, let me illustrate by two cases:

CASE I. My friend and colleague, Dr. Keeler, sent for me one night to assist him in the case of a young woman who had already been in convulsions for twelve hours. I made a diagnosis of hystero-epilepsy, and suggested Morphine hypodermically, and Chloroform inhalations. Morphine had practically no control of the condition, and Chloroform relieved only during anæsthesia. After several hours' trial of these drugs, Dr. K. suggested *Veratrum viride* up to the point of nausea. The result was magical; the convulsions ceased and were kept under control by minimized doses.

CASE II. Little Dot, two and one-half years old, came down with a severe attack of capillary bronchitis. Pulse 120, temperature 103° F. I treated the case to the best of my ability. Aco-

nite, Tartar emetic, Belladonna, Phosphorous, Bryonia, linseed-meal poultices to the chest, etc. But the patient grew worse, and I seemed to have no control of the disease. It finally seemed my painful duty to inform the parents that I did not believe the baby would live twelve hours. The pulse was now 140, temperature 104° F. With many misgivings I determined to try *Veratrum* in doses sufficient to produce a physiological effect. I therefore ordered Norwood's tincture in one-half drop doses every half hour till the pulse dropped to 100 and the temperature to 99° F. Four doses were given, when the child vomited large quantities of mucus streaked with blood. The pulse was now 96. Brandy as a stimulant was given, and the *Veratrum* continued in one-half drop doses every two hours. The little fellow recovered, much to my surprise, for if ever a case seemed hopeless to me, this one certainly did. I use *Veratrum* now far more frequently than Aconite, and with better results.

GERANIUM.

In hemorrhages this drug has no equal. Hamamelis, Ipecac, Sabina, etc., cannot compare with it. I have used it in hemorrhages of typhoid, uterine hemorrhages, vesical hemorrhages, and it has never failed me. Herein lies its usefulness—hemorrhages only. No dynamized dose, however. It may have other uses, but this is sufficient to crown it. In cuts and bruises, *Calendula* is good, but *Geranium* is better. Therapeutically it is an astringent, its chemical constituents being gallic and tannic acids.

3616 STANTON AVENUE.

IN THE early diagnosis of pulmonary phthisis, mensuration of the chest is of great importance. When the circumference of the thorax at the level of the axilla is less than twenty-seven inches, that at the xiphoid cartilage not more than thirty-one inches, and the distance between the two nipples but seven inches, the probability of pulmonary phthisis is very great. Further presumptive signs are an absence of a clear percussion-note, inspiratory râles, altered respiratory rhythm, with prolonged inspiration and forced expiration, a dry and paroxysmal cough followed by a moist one; occasional aphonia, and dyspnoea on exertion. The thermometer is a valuable aid; in a doubtful case an evening rise to 102° or 103° F. is a pretty sure indication of tubercular disease.—*M. Espina y Capo.*



HASCHISCH.

A NOVEL.

BY THOROLD KING.

CHAPTER I.

HELENE.

HAD Mrs. Hardy been told that she would some day adopt a daughter, she would have received the suggestion with a smile of incredulity, if with no stronger expression of unbelief. Her skepticism, moreover, would have been prophetic, had not circumstances combined to bring about the very thing which she considered such a remote possibility.

It happened in this wise: In her younger days—when her name was still Louise Belmont—she was sent by her parents to a school not far from New York. There she had as room-mate a girl whose home in the city was almost in sight of her own, and yet who, after the fashion of metropolitan life, had been until that time unknown to her. These two formed for each other a warm friendship, which continued long after their return to their city homes, and after marriage had, in a measure, separated their lives.

This school-girl friend, having acted as Mrs. Hardy's bridesmaid, several years later herself became a bride and the mistress of a happy home. This, however, she was not destined long to bless. In the third year of her married life a daughter came to her mother-arms, and when the child was almost six years old, by a series of calamities which crashed upon each other in quick succession, first father, then home, and finally mother, were lost to the little one, and she was left a homeless orphan.

[It is with much misgiving, and with many apologies, that the editor-in-chief of THE MEDICAL ERA offers to its readers a work of fiction from his own pen. He hopes, since the subject treated of is one which is related to medicine, that "Haschisch" may prove to be of sufficient interest to warrant its appearance in these columns.—CH. G.]

The sympathy which had been with the mother through all her trials now went out to the child, and it was arranged that Helene should come to Mrs. Hardy and remain at her husband's hotel, where the family resided, until relatives living in the far West should take her to their own fireside.

Thus week after week passed, and the child, growing fonder of her temporary home, began to live in dread of the summons which should remove her from it; but, as the weeks lengthened into months, the dread of change gave place to a feeling of vague uncertainty, lest, should her friends fail to come for her, she might be left altogether homeless. This feeling, however, was carefully hidden in the little breast, and was fast merging into a sense of childish despondency, when chance, accident—call it what you will—revealed it, one day, to Mrs. Hardy.

Helene had been playing with other children in the house, but had quietly withdrawn, and for a time stood watching them as, by the side of their mothers, they reveled in their games. Suddenly she turned and ran down the long hall-way to Mrs. Hardy's room. There she found her. Rushing to her side and holding up her little hands in earnest appeal, she cried with trembling voice:

"All the little girls have mammas but me! Won't you be my mamma?"

Instantly Mrs. Hardy caught the child to her arms and covered her face with tears and kisses, exclaiming:

"Yes, my darling, you shall never want a mother while I live!"

Touched to the heart, the little one nestled more closely to her breast, and sobbed until she slept.

The twilight deepened into darkness, and still holding the sleeping child, Mrs. Hardy sat in the quiet room, now faintly illumined by the checkered light which the street-lamps threw upon the high ceiling, until her husband entered. It required but a short consultation on their part to decide that the impulsive promise so given should be fulfilled in fact.

The distant relatives readily relinquished all claim to the child they had never seen, and thus Helene's temporary abode became her permanent home.

It was now twelve years since this decision had been made, and in all that time Mrs. Hardy had never regretted her act.

It was early decided that Helene should retain her own family name; and, as further act of loyalty to her dead friend, Mrs. Hardy took pains, as anniversaries returned, that the child's memory of her mother should be kept fresh. Advantage was taken, also, of the saving of a remnant from her father's shattered estate—a mere trifle though it was—to encourage in her a spirit of independence and self-reliance.

Thus Helene grew to girlhood. In person, although she was not beautiful, yet she was very handsome. Her eyes were large and expressive, her complexion fair, with the tint of the rose in her cheeks; and her blonde hair fell unconfined in half-careless waves to her neck. Even when young she carried herself with a grace which denoted a spirit far more mature than her years, while her voice had in it a tender undertone, which revealed a nature deeply sympathetic.

But the chance which had given Helene a new home, and made her the recipient of every favor which wealth can bestow, was destined to weave into her life certain elements of misfortune which almost made of it a tragedy.

CHAPTER II.

"THE BELMONT."

THE hotel which had thus early become Helene's home was not one of those busy houses so numerous down-town in the neighborhood of the Squares, where a moving mass of people take up their daily changing residence, but a quiet family hotel on one of those streets with a numerical name which cross the city a little below the reservoir. When he laid its foundations Mr. Hardy had decided to give to the house the name which his wife bore before she assumed his own, and hence the letters cut in stone over its principal doorway announce to all who pass beneath that they are about to enter "The Belmont."

The building itself is of substantial brick. From the iron balconies which cling to its walls a glance to the eastward affords a view into Fifth Avenue, with its moving procession of white 'busses and black carriages. To the westward one's eye travels across busy Broadway, over the stilted track whose airy trains go flashing by, over ships and over water, to the distant Jersey shore with its high banks of inviting green.

Mr. Hardy belonged to an old New York family, whose name at one time had many repre-

sentatives, but, by a strange fatality, daughter after daughter was born to it when prayers went up for sons. But one of these prayers received answer, and thus it was that the owner of "The Belmont" became in time the sole surviving male member of the line.

The chief desire of Mr. Hardy's life had long been to revive the family name—so near extinction in himself—and to place it on such a basis that it would stand in little danger of suffering final decay. In this ambition fortune so far favored him as to bless his union with two sons, both of whom gave promise of doing honor to their long line of ancestors.

Austin, the elder of these, in early manhood showed such aptitude for business that he was sent, by the house in whose employ he had spent several years, to represent important interests which their growing trade demanded in a South African port. But the same business tact and spirit of enterprise which had gained for him the confidence of his employers, soon deprived them of his services. After he had been at his new station one year, he made a fortunate investment which resulted in his acquiring a third interest in one of the richest of African diamond mines. Of this mine he assumed the superintendence, and thus his field of labor was early transferred from the counting-house at Cape Town to the management of important interests in the interior.

Kenneth, the younger, was more inclined to study than to commercial pursuits. But a certain delicacy of constitution soon making it apparent that whatever calling he followed must be of a nature which should offer him an active life, he adopted the profession of civil engineering. In order that a successful pursuit of his studies might be conjoined with a change of climate, which his health seemed to demand, he was sent to Paris for a three years' course at *L'Ecole Centrale*.

Mr. and Mrs. Hardy would have felt very keenly the absence of their sons but for the presence of Helene, who, realizing the peculiarity of her position, gave to her foster parents all of a daughter's love, with even more than a daughter's devotion, while she, in turn, received from them every consideration which their own children enjoyed.

The two boys, on their part, had shown Helene greater partiality than brothers are accustomed to bestow upon their sisters. But, shortly after her advent into the family, the demands of school had called them from home, and thereafter it was only at holiday times that

brief visits permitted their generous rivalry in her affections.

From the day when, as a child, she had entered her new home, her position had secured to her all the privileges of an only daughter. But, some two years prior to the events of our story, she had gladly shared her place with a new-comer who had a similar claim upon the family affections.

Mr. Hardy, at this time, had been appointed the legal guardian of his youngest sister's orphaned child—a daughter of one of those numerous daughters whose continued coming had so long threatened the extinction of the Hardy name. Thus Dora Macy came to make her home in her guardian's family, until she should herself assume control of the property to be held in trust during the term of her minority.

Between Helene Evarts and Dora Macy there was soon formed one of those intimacies that make up so large a part of young girlhood.

But at the time when our story takes up the thread of this family history, a great change and a deep sorrow had come to the little household at "The Belmont."

Helene was now nineteen. Austin was still in far-off Africa. Kenneth, in the previous spring, had returned from his three years' residence in Paris. The summer had come, and had brought with it a dread disease which, the year before, had burst its Indian barriers and pursued its silent march over Europe. After resting awhile on the shores of the Mediterranean, it crossed the Atlantic and spread its black pall over the American metropolis.

Mr. Hardy, on the eve of his preparations to seek a safe retreat in the mountains for himself and his family, fell one of its first victims.

The ever unwelcome visitor that touched him with its skeleton finger never left hearts more sorely tried than those which mourned his loss. Kenneth was almost inconsolable in his sorrow, and words are useless to tell the grief which the widow hugged to her heart.

After all the offices incident to their sad loss had been performed, the family left the city for the mountain retreat whose cool air and inviting shade the father had hoped to enjoy with them. There the early days of their mourning were passed.

As summer faded into autumn, the first frosts drove to the southward the terrible scourge which the hot and sultry months had fostered, and the city began to fill with hordes of returning fugitives.

The rumble of heavily-laden carts in the streets succeeded the sound of toiling hearses dragged by tired horses. Crapes disappeared from door-knobs, and drawn blinds were again thrown open to admit the sun. Even the places of amusement opened wide their doors, and crowds of merry people passed their brilliant portals, smiling and chatting as though death were but a fiction and life a holiday.

Thus the memories of the dead were left to be worn in the hearts of those who suffered.

(TO BE CONTINUED.)

TUBERCULOSIS.

CONGRESS FOR THE STUDY OF TUBERCULOSIS.

Held in Paris, July, 1888.

[The following excerpts are taken from the special report of the Congress made for *The Medical Record*.—ED. ERA.]

A large proportion of sufferers from phthisis acquire the infection from eating tuberculous meat.—*M. Butel*.

The subjects of pulmonary phthisis inoculate themselves by swallowing the infectious sputa raised into the throat from the lungs.—*M. Petresco*.

Domestic fowls are frequently the subjects of tuberculosis, the disease often involving the abdominal organs. *Pate-de-foie-gras* is sometimes almost a pure culture of tubercle bacilli.—*M. Moule*.

One case of tuberculosis of the cervix uteri occurred in a woman who had no pulmonary or intestinal trouble, and it was probable that the infection occurred during coitus.—*M. Cornil*.

There are two forms of tuberculosis of the liver, excluding miliary tuberculosis, viz., a tubercular infiltration or caseous hepatitis; and a cavernous ulceration, or tubercular abscess of the liver.—*M. Lannelongue*.

One of the most important facts that has been established by experiment is that the tubercle bacillus may penetrate the unbroken mucous membrane. This has been shown in the case of the lungs and of the intestinal tract.—*M. Cornil*.

In the hospital treatment of tuberculous patients, there should be small pavilions, thorough disinfection of the wards and of all objects used by the patients, and the nurses should be themselves strong and healthy, and above thirty years of age.—*M. Giorgieri*.

All cow's-milk should be boiled before being given to infants. In view of the fact that it is difficult to recognize mammary tuberculosis in cows, it is safe to look upon all raw milk with suspicion, and to render it innocuous by boiling before giving it to infants.—*M. Nocard.*

In the case of fifty-three individuals suffering from pulmonary tuberculosis, careful inquiry into their antecedents revealed the fact that there had been tuberculosis in one hundred and eighty-one of the near or remote relatives.—*M. Ricochon.*

In nine experiments on guinea-pigs there was no instance of the transmission of the disease from the dam to her young. Hereditary tuberculosis, therefore, if it exists at all, is of very rare occurrence. The young which were suckled by the dam became tuberculous as a rule.—*M. Galtier.*

The early diagnosis of phthisis in cattle is not difficult. It is characterized from the first by tumefaction of the retropharyngeal glands; the inspiratory movements are irregular; a harsh friction sound is heard on auscultation; the cough is short, provoked by sharp percussion on the thoracic parietes.—*M. Grissonnanche.*

It is necessary to proclaim tuberculosis in animals a contagious disease. Bacilli do not long retain their virulence in muscular tissue, but a certain number existing in the flesh at the time of the killing of the animal would retain their vitality in the dead meat, and be capable of infecting those who ate it.—*M. Arloing.*

In the tubercular arthritis of children, open widely the diseased articulation with the thermocautery, scrape away all the infected parts, whether bone, cartilage or synovial fringes, and provide for subsequent irrigation. Recurrence of the disease is frequent, but after two or three operations a definite cure results.—*M. Renard.*

Pieces of tuberculous tissue were placed in the bottom of a flask in which was maintained a stream of running water of a temperature of about 60° F. It was found that micro-organisms were still active at the end of six weeks. In stagnant water the virulence was preserved for seventeen or eighteen weeks.—*M. Arloing.*

Tuberculosis occurring in infants under two years of age differs markedly from the same disease in older children and adults. In babies it tends less to become localized, but assumes more of the characteristics of a general disease,

the symptoms being chiefly fever and emaciation. More children acquire than inherit tuberculosis, the source of infection being the food.—*M. Landouzy.*

One of the earliest symptoms of mammary tuberculosis in the cow is tumefaction in the gland, which may exist a long time before any changes are observed in the milk. The swelling later becomes indurated, and then the milk becomes yellowish, and contains fibrinous flocculi. The milk of all tuberculous cows is not capable of carrying the infection, but only when the mammary gland is affected.—*M. Bany.*

The chickens belonging to a certain family, one member of which was suffering from pulmonary tuberculosis, were found to be almost all diseased. *M. Cagny* found that the sick man was in the habit of walking in the garden, and it had been noticed that the chickens eagerly seized upon the matter expectorated by him. The chickens had tuberculosis of the liver, and it was found necessary to sacrifice the entire flock.—*M. Cagny.*

The tubercle bacillus enters more easily through the digestive than through the respiratory apparatus; hence the great part which alimentation plays in the production of the disease in children. There are three incontestable facts now known to all, viz.: 1. The virulence of the flesh of tuberculous animals. 2. The predisposition of man to tuberculosis. 3. The easy entrance of microbes through the alimentary canal.—*M. Butel.*

Notwithstanding the fact that the inhabitants of Asia Minor live much in the open air, under the best hygienic conditions, tuberculosis is very prevalent; ten per cent of all patients suffer from this disease. The natives recognize the contagious nature of the malady, and always destroy the articles used by the sick. The frequency of the disease was attributed to the use of the milk and raw flesh of tuberculous animals.—*M. Robinson.*

It is not uncommon to see, in children between the ages of one and thirteen years, numbers of small, round, movable tumors just beneath the skin, chiefly in the region of the neck. This generalized glandular hypertrophy which recalled, but was easily distinguished from—the syphilitic adenopathy, was always dependent upon tuberculosis, and those affected with it were at least potentially, if not actually, phthisical.—*M. Legroux.*

SELECTIONS.

Rheumatism.

The surroundings of a patient suffering from rheumatism are a matter of no little importance. Free ventilation should be secured, but without draughts, and the temperature kept between 68° and 70° Fah. The patient should be clothed in flannel and lie between woolen blankets. His covering should be light. An excess of bed-clothing will add to the pain in the inflamed joints, and unnecessarily increase the sweating. It should be a studied effort to spare him any painful movements possible, and every ministrations should be gentleness itself. Milk, with seltzer water or lime water, pre-eminently meets the requirements as the principal article of diet, during the active period of the disease. If this proves insufficient, or is not well borne, then other light and concentrated food can be administered. Some authorities insist that animal food and alcohol are contra-indicated during the height of the fever. The latter should certainly be prohibited, as a rule, but the patient's diet need not be so much restricted as in other highly febrile disorders. Those who are habituated to the use of stimulants should not be entirely deprived of them.—*Bost. Journal of Health.*

Value of Circumcision.

A boy *æt.* nine had been troubled for several weeks with lameness and pain in the thigh. Five months of rest in bed with an extension apparatus did not ameliorate his condition. Observing the length and contracted aspect of the boy's prepuce (unaccompanied by inflammation or lesion of any kind), M. Reverdin recalled certain cases of unexpected cures of various painful affections following circumcision, and decided to practice the operation in this case. Cure was effected in three days, the disquieting symptoms disappeared as if by magic, and, though a year has elapsed, none of them has returned. The author then referred to the great tendency of young children to urinate during an examination of the coxo-femoral articulation. Also to cases of the cure of incontinence of urine through circumcision, as showing a certain interdependence or sympathy between the bladder, prepuce and coxo-femoral articulation. In the author's practice, circumcision produced a notable amelioration in the psychic condition of a young man who had been hypochondriacal and had made an attempt at suicide. In other cases circumcision had unquestionably effected the cure of

epilepsy. Paralysis, St. Vitus' dance and other nervous troubles have been cured by circumcision, and if with these we consider the number of lesions actually caused by phimosis we may well ask why circumcision is not more practiced. With proper antiseptic precautions the only danger to be feared is hemorrhage in cases of hemophilia. A few instances of death have occurred under this condition, and the possibilities of such a result were fully recognized by the ancient Jews, who made a law that if two sons in the same family shall die from the effects of circumcision, the third shall not be subjected to the operation.—*J. de Med.*

Nitrite of Amyl in Dyspnoea.

I had a patient with Bright's disease, who suffered most agonizing paroxysms of dyspnoea—they were simply terrific, notwithstanding the use of ordinary measures. There was no asthma whatever. On the recurrence of an attack I gave three drops of Nitrite of amyl in a teaspoonful of brandy, without expecting much result, but simply as a *dernier ressort*. The result was simply miraculous! It was almost instantaneous. From a sense of impending suffocation, the patient began to breathe perfectly free in less than five minutes. This relief lasted for upwards of twelve hours, when the same quantity was repeated on the recurrence of another attack, with the same result, and without increasing the dose. The Nitrite was given on every recurring attack, until the attacks finally disappeared, and for several days the patient has had no dyspnoea whatever. The original disease, however, is unaffected by the Nitrite.

Now, while I am free to admit that one swallow doesn't make a summer, and while I know that this remedy is not especially recommended for the dyspnoea of Bright's disease, still, I have seen enough of its effects in this case to make me wish that I could tell my experience to the whole profession at once.—*Dr. Ward, in Medical Register.*

TUBERCULOSIS of the mouth is comparatively rare, especially when we consider the large extent of surface of this cavity, and its unusual degree of exposure to the action of micro-organisms. The immunity of the buccal structures is due, in all probability, to the great number and variety of micro-organisms in this cavity, which, by their continual growth, prevent the development to any undue extent of any one kind.—*M. Valude.*

Curious Case of Malingering.

Early in April I was asked by a friend to see a servant girl who was stated to have a "dead tumor" in the cheek, and a similar one growing on the other side. One surgeon had advised their removal; another had regarded the case as hopeless. The patient was twenty years of age, apparently in excellent health, and she showed great reluctance to being examined. The left cheek was distended over a firm, rounded tumor the size of a large Tangerine orange. It was not fixed firmly to the jaw, and the cheek appeared to move over it. "It has been growing for three years." The right cheek was similarly affected, the swelling being the size of a large walnut. On everting the lip I saw a grey surface like a slough, but traversed with threads. The finger in the mouth then confirmed the suspicion that these "tumors" were foreign bodies between the cheeks and the jaws. With forceps I removed two balls, the larger of which, in the left cheek, was with some difficulty extracted through the mouth. The cheeks then hung down in flaccid folds. The second lower molar on the left side was displaced inwards, and its buccal fang was exposed almost to the tip. The lining of the cheeks was pale in color and thickened. The "balls" consisted of strips of calico very tightly sewn together with black thread. I have been unable to discover any motive for this curious freak, and in this it is on a par with many of the practices of hysterical girls.—*Lancet*.

Phthisis Laryngealis.

Local treatment. Although relief rather than cure has to be expected from this, yet I think it is important and should be used oftener than it is at present. Soothing inhalations, as steam alone, steam with Eucalyptus or Pine oil, are very good to allay the irritation, or extract of Hops, or extract of Conium with a little Carbonate of soda form a very soothing spray. Greater benefit is got from the laryngeal brush. This must be used with great care. Harm is done by making a wild dash at the larynx, and then jerking the handle of the brush about in the hope of applying a medicament to the part which is diseased, while the patient gasps and gags. Steady and very careful manipulation is required. With a good light and reflector and the laryngeal mirror held steadily in the left hand, and the image of the larynx plainly seen in the mirror, the brush must be passed back steadily but not too slowly, otherwise the patient becomes weary and cannot retain his position. The point

of the brush must be seen (in the mirror at the back of the throat) to pass over the epiglottis, and then the handle must be raised without pushing the brush any further back in the throat. This manipulation causes the end of the brush to descend behind the epiglottis into the larynx. The point of the brush must be kept in view until it reaches the part to which the application is to be made. When the point of the brush is not seen, it must be withdrawn and again introduced. The application must be made to the diseased part only, and not to the sound tissues around. Krause, at the laryngological subsection of the meeting of the German physicians at Berlin, in September, 1886, said: "Ulcers on the posterior laryngeal wall are curable by Lactic acid, if there is not too much marasmus, which is a contrary indication. No tubercular ulcer can resist cicatrization by application of Lactic acid made by a practiced hand. The pain or even a certain amount of spasm resulting from the treatment is no contra-indication." Schrotter, of Vienna, and Fraeubel have corroborated this. Hering, of Warsaw, has made this subject a special study, and on the same occasion read papers on "The Curability of Tubercular Laryngeal Ulcers, and on their treatment," and said that "he had seen eight unquestionable cases which prove the curability of tubercular ulcers. He had also seen cures of such ulcers without medication. The ulcers were on the true and false ligaments, arytenoid mucous membrane and epiglottis. Their tubercular nature was certain from the contemporaneous affection of the lungs and presence of bacilli. In three cases the cure lasted respectively nine, two and one year, and in five cases from half to three years. The larynx cured, the lung is ameliorated, the voice becomes better, and general improvement results."

Lennox Browne also narrates a case where he has cured tubercular ulcer of the pharynx, when he first scraped the surface and then applied Lactic acid, and improvement occurred and weight was gained. This has also been obtained in many other cases. I have myself treated a case of ulceration of the inter-arytenoid mucous membrane which was diagnosed by Prof. Schwitzler, in Vienna, as commencing phthisis, with Lactic acid and Iodoform insufflation, and the case improved, and when she was dismissed the ulceration was healed and the cough and hoarseness greatly relieved. I have also treated and watched the treatment of several other cases of early tubercular ulceration in the larynx, and great improvement has been obtained.—*Dr. Hayward, in Month. Homœopathic Review.*

Treatment of Placenta Prævia.

I. Let the patient pass water, or draw it off with the catheter, apply a binder to the abdomen and keep it tense, to assist in the expulsion of the fœtus as the contractions of the uterus go on.

II. Detach the placenta and try to force one finger above the placental attachment.

III. Puncture the membranes as soon as it can be done with safety.

IV. Introduce the tampon—either Braun's colpeurynter, or Iodoform gauze or candlewick-ing.

V. The most efficient treatment of all is, forcibly dilating the cervix with either Barnes' dilators or Molesworth's, or, best of all, Allen's uterine dilator, attached to his surgical pump. (This surgical pump should be in the armamentarium of every obstetrice.)

VI. Ergot, as a medicine to excite contractile pains, may be thought of, and, *if positively indicated*, may be promptly administered.

VII. Certain other remedies might be mentioned. Ipecac, Gossypium, Hamamelis. Dilute Sulphuric acid and Borax may be called for in post-partum hemorrhage and should not be forgotten.

Last, but not least, vinegar should not be forgotten—it is one of the best hemostatics that we possess, and has proved to be most excellent in many cases of post-partum hemorrhage. Many practitioners use it locally, but it is still more efficacious when used internally. It may be given in cases of shock, from flooding, in doses of half a wineglassful, and repeated.—*Dr. Comstock, in Clinical Reporter.*

SAVED HIMSELF BUT KILLED HIS WIFE.—A chemist named Maximy, at Arzew, Algeria, lived on bad terms with his wife. The other day during dinner Mme. Maximy put some Aconite in a bottle of wine while her husband's back was turned and calmly awaited results. The chemist took two or three glasses of the stuff, and no sooner had he done so than he felt violent qualms in his "interior." Immediately suspecting the real state of affairs, he took up the wine that remained in the bottle and subjected it to a rough examination. Finding his suspicions confirmed he went for a revolver and with it shot his wife dead as she still sat at the table. The poison in the meantime had not done its work, for M. Maximy, thanks to his professional knowledge and experience, was able to treat himself medicinally, took efficient antidotes, and is now almost recovered.

WORTH KNOWING.

Lanolin is said to possess remarkable penetrating powers, but it is doubtful if it has in this respect any superiority over lard.

Vaseline has very little penetrative power, and is occasionally irritative to some skins. But it has the advantage of never becoming rancid.

Typhus fever is most dangerous to persons who have passed their fiftieth or sixtieth year; less so to infants and those between thirty and forty-five; and least dangerous to children about five and to young adults.

Cerebral Abscess.—If we suspect abscess or non-inflammatory softening of the brain, and the pupils should be dilated, it is a sign that the region of the brain is involved from which the fibres spring enervating the iris.

Paralysis of the insane is quite often announced by the difference in the size of the pupils for some time prior to the appearance of any nervous symptoms. There is no doubt that pupillary difference with paralysis of accommodation in the same eye is a prodromal symptom of the mental condition that develops later.

A Cough of Reflex Origin.—A man came to the clinic suffering with a paroxysmal and long-continued cough. Nothing wrong could be detected in the lungs; upon continuing the examination a plug of cerumen was found in the ear, and its removal ended the cough.

Chloroform Narcosis.—The play of the pupil is an important test of approaching danger in chloroform narcosis. As long as the pupil contracts simultaneously, when the eye is opened, there is none; as soon as the contraction is wanting, there is, and the further administration has to be stopped.

A displacement of the uterus, according to Emmet, should never be corrected simply on its own account, nor until the cause has been clearly ascertained; nor should a pessary be employed without a clear understanding as to what is to be accomplished by its use, beyond merely changing the degree of version.

The classification of insanity which has been in vogue for some years, and which has been adopted by most authorities, is mania, melancholia, dementia, and general paresis. Each of these has its own peculiar manifestations and symptoms. The most prominent characteristic of the insane is the alteration of the natural affections: usually those most dear to them become objects of dislike.

Opium habitues in nearly all instances commence the habit because of a painful disorder of the body or mind. The drug is very commonly first prescribed by a physician who fails too often to place sufficient safeguards around its use, and to warn the patient against its dangers. Granting a painful physical necessity, and the daily or semi-daily use of the drug for weeks or months, and there are very few who can withstand its power.

Peroxide of hydrogen is a most valuable agent in the treatment of diphtheria, ozæna, and in all cases of cancerous ulceration and of supuration or necrosis. It is employed in a solution containing 0.5 to three per cent, using most frequently, however, a strength of one per cent, diluting the commercial "ten volume" peroxide with two or three times its volume of water. Of its value in clearing away and effectually deodorizing the decomposing exudate in cases of diphtheria it is superior to any other known application.

Many cases of acne seem to be due to some nervous derangement produced by causes other than indigestion, but are not understood. These are the most obstinate to treat. In all cases observe whether a cause can be assigned or not; the pus in each individual acne should be given free exit with a small knife, such as is used in cataract operations. A spray of rhigolene for a few minutes, say two or three, will anæsthetize the skin to such an extent that the operation will be painless. Immediately after these pus cups are opened the hot water should be applied in the manner before stated.

Treatment of Burns.—M. Nikolsky reports great success in treating burns of the first and second degree with bandages made with the following solution:

Tannin,
Alcohol (95 per cent.)..... aa 4 grammes.
Rectified sulphuric ether.....30 "

The bandages are renewed two or three times daily. After the evaporation of the ether, a fine, brilliant film of tannin remains and produces a prompt alleviation of the pain and inflammation. The healing is much more rapid than under the influence of collodion and other remedies usually employed. The first bandage should be preceded by washing with some antiseptic solution. The blisters should be opened so as to allow the serum to flow away. The denuded portions of epidermis are at first dusted with a fine powder of iodoform and then wrapped in the etherized tannin.—*Med. Register.*

Antagonism of Poisons.—The property alleged to be possessed by certain poisons of counteracting the action of others has been submitted to experimental test, and the results are suggestive of the necessity for caution in accepting some statements that have been made upon this subject. It is found that animals succumbed to the effects of a mixture of morphine and atropine long before the ascertained fatal dose of either drug separately had been reached, and the same observation was made with mixtures of atropine and quinine, or quinine and morphine.

Bone Transplantation.—Skin grafting has long and successfully been resorted to, but now the transplanting of bone is looming up. Dr. Weir, of New York, trephined the skull for the cure of epilepsy, the opening being about two and a half by three inches, then replaced the bone removed, and in about seven weeks after the operation all the wounds had healed save one; the bones were felt to be solid and painless. In another instance, a boy, aged three years, with necrosis of the entire diaphysis of the humerus, had the sequestrum removed, but the periosteum failed to develop bone. The surgeon at different times introduced into the arm pieces of bone, broken very small, taken from the tibia of children in rectifying incurvations. The engrafted pieces of bone grew, and in the course of fourteen months from the time of the first transplantation the boy had a functional humerus.

Disinfection by Heat.—In a report by the medical officer of the local government board of health, London, reference is made with a view to ascertain the degree of dry heat necessary to kill the germs of disease well known to be infectious. The bacilli of splenic fever, for instance, were killed by exposure for five minutes in a dry heat varying from 212 to 218 degrees, F., but their spores did not yield to two hours at 220 degrees; one hour at 245 and four hours at 220 degrees achieved the result. Some very remarkable practical instances are given of the difficulty with which dry heat penetrates such articles as bedding, blankets and pillows; thus, a thermometer enveloped in a roll of flannel placed in a hot air bath at 212 degrees, only registered 130 at the end of one hour. Numerous experiments demonstrate that steam at or above 212 degrees possesses a very much greater power of penetration and disinfection than dry heat; moistening the air of the heated chamber also materially reduces the time required for disinfection.

DIETETICS.

Sugar should be rigidly excluded from the food of children suffering from intestinal disease.

The addition of salt to milk used as food for infants and children, serves as an excitant to glandular secretion and facilitates digestion.

As a rule, raw starch is inadmissible in the diet of young infants, because the digestive powers of the infant are rarely sufficiently active to convert crude starch into a soluble form.

Salt in Beer.—A certain quantity of chloride of sodium is a normal constituent of all beers; but more may be added by the brewer, either to increase the thirst of the one who drinks, or to conceal some objectionable taste.

Speaking roughly, a quart of oysters contains, on the average, about the same quantity of actual nutritive substance as a quart of milk, or a pound of very lean beef, or a pound and a half of fresh codfish, or two-thirds of a pound of bread.

The casein of cow's milk, according to Dr. Eustace Smith, as the rule, traverses the infant's alimentary tract and may be found unchanged in the fecal discharges. It is, therefore, a constant source of irritation, and often gives rise to diarrhoea and entero-colitis.

It is nearly six centuries since Robert Bruce sent into England his army of twenty thousand men with no provisions except a bag of oatmeal for each warrior; but the herculean feats which were performed and undergone by his hardy followers suggest that there must be considerable nutriment in that plain, simple food.

Although coffee does on the whole far more good than evil, it is important to bear in mind the evils that it is able to produce under favoring circumstances. In a general way it may be said that indoor brain-workers do not bear coffee as well as outdoor muscle-workers. Persons of nervous temperament bear coffee badly.

The genuine Mocha coffee comes only from the province of Yemen, a province of Arabia, north of the Gulf of Aden, of which Mocha is the principal place on the sea coast. No coffee is grown in Mocha. Something over 10,000 tons of coffee are annually exported from Mocha, but no small part of it is not the product of Yemen, but is grown in the East Indies and sent to Mocha, whence it is reshipped.

Prof. DaCosta states that the treatment of hypertrophy of the heart is always the same. Decrease diet, but do not starve, as that may increase the trouble. Place the patient on non-stimulating food—milk and vegetables, but no meat; avoid tea and coffee and use cocoa; also avoid active exercise.

What is required by persons acutely sick? That depends upon the temperature. If there be pyrexia present, it is not only useless to give albuminoid matters, as no histogenesis goes on, but there is the positive risk of adding to the waste and excrementitious matters floating in the blood. Soluble carbo-hydrates and blood-salts are what is required.

A person may be acutely ill, as in bronchitis, for instance, with but a very trifling rise of temperature, and then milk is not contra-indicated. In such cases milk which has been well boiled is excellent. The advantages of such boiling are twofold. (1) It destroys disease-germs, and (2) the curd is small and flocculent, and there is no risk of that firm curd which is fraught with so much danger, especially in typhoid fever.

Milk jelly is made as follows: Heat one quart of milk with one pound of sugar, and when the sugar is dissolved continue the heat, at a boiling temperature, for about ten minutes. Now cool it well, and then add, *slowly* stirring, a solution of one ounce of gelatin in a cupful of water. Next add the juice of three or four lemons and three wineglassfuls of wine, brandy, or other liquor. Set the glasses containing the mixture in a cold place, so that the contents may gelatinize. It is necessary to have the milk quite cold before the other ingredients are added, as it would otherwise curdle.

How to Eat a Soft-boiled Egg.—The very nicest way of eating a soft-boiled egg is from the shell. Place the small end of the egg into an egg cup, or you may stand it in a small napkin ring. The large or butt end of the egg should have the shell removed from it; then if you take away a small piece of the white you have ample room for salt, pepper and a small piece of butter, which may be mixed with the egg without difficulty. Long-handled porcelain teaspoons are the nicest and only proper things to serve with boiled eggs. Soft-boiled eggs may also be eaten from a heated egg-glass; the egg being opened carefully and turned into the glass. Salt, black pepper and butter are the proper seasonings.—*Table-Talk.*

SCIENTIFIC NOTES.

A Vibratory Theory of Scent.—Prof. Leclerc, writing in *Cosmos*, maintains that odors are due, not to the emanations, *as such*, of so-called odoriferous bodies, but to the vibratory movement among such emanations, due to processes of oxidation. Scent, on this theory, is analogous to sound.

The Actinic Ray.—Prof. Sachs, the celebrated German botanist, has discovered that the ultra-violet and invisible rays of the solar spectrum especially promote the development of flowers, the growth of which is exceedingly feeble when the rays are suppressed, although that of the other parts of the plant is very luxuriant.

Relative Value of Illuminators.—Investigations concerning the effects of different forms of artificial illumination on the health have shown that the tallow candle is the most unwholesome agent and the electric light the best. The incandescent electric light produces only about 1.3 % as much heat as the tallow candle, while it gives out no carbonic acid or water. One gas-jet in a room is said to vitiate the air as much as six persons.

A Universal Solvent.—Iron gives an interesting account of what it calls the universal solvent, and which, it declares, though long known to modern chemistry, has only just been separated, and cannot even now be retained in its isolated state, simply because it destroys everything. This fury of the chemical world, it goes on to say, is the element fluorine. It exists peacefully in company with calcium in fluorspar, and also in a few other compounds; but when isolated, it is a rabid gas that nothing can resist. It combines with all metals explosively. When they are already combined with some other non-metallic element, it tears them from it and takes them to itself. In uniting with sodium, potassium, calcium, magnesium, and aluminum the metals become heated even to redness by the fervor of its embrace. Iron filings, slightly warmed, burst into brilliant scintillations when exposed to it. Manganese does the same. Even the noble metals, which at melting heat proudly resist the fascinations of oxygen, succumb to this chemical siren. At a moderate temperature glass is devoured at once, and water ceases to be water by contact with this gas.

CURIOUS ITEMS.

Ginger-Drinking.—Dr. Taylor, of Concord, Mass., says that he has a patient who has twice been on the verge of delirium tremens from excessive drinking of Sanford's ginger, taking thirty bottles in as many days. This is a habit which is said to be on the increase, especially among women.

An Infant with Two Mouths.—London describes an infant born with two mouths, separated by a fleshy partition extending from the lips to the fauces, where they open into a common pharyngeal cavity. Faint indications could be seen of separate chins and lower lips, but there was no well-defined sulcus.

A family at Versailles, France, consisting of the parents and two children, were poisoned with conium, which had been used instead of parsley in a dish of vegetables. The patients, being dangerously sick, were taken to the hospital for treatment, and recovered. A variety of conium much resembling parsley grows in all the back yards and gardens in Versailles.

Manicures first bathe the hand a long time in hot water, then with scissors and knives clean and cut the nails, remove the superfluous skin about the onyx, then polish the nails with buckskin and fine powder, washing the hand again in hot water with soap. After drying, the nails are polished with a fine brush and are finally rubbed with a rosy unguent to give them a shell pink.

Among the relics of prehistoric man of the neolithic and bronze ages are certain skulls which are perforated in one or more places. In one single collection there are not less than a hundred and sixty-seven examples; and we find them scattered all over the earth, in the caves of Europe, as well as the mounds of North America and the ancient graves of the Peruvians.

A "female medical student," in a "confidential" communication to the *Journal de Medicine de Paris*, strikes what she calls the "genital balance-sheet" of her sex in this way; "indifference, which may be easily overcome, during the inter-menstrual period; strong desires and marked sexual appetite at the commencement of menstruation; disgust, repulsion during the last days of the catamenia from the moment the sanguineous discharge is fully established and abundant."—*N. Y. Med. Times*.

USEFUL RECIPES.

Iodoform.

The favorite method of disguising the odor of iodoform is to mix it with some very finely-powdered roasted coffee.

To Remove Nitrate-of-Silver Stains.

Dip the fingers into a strong solution of cupric chloride. In about a minute the silver will be converted into chloride, and may then be washed off with hyposulphite-of-soda solution.

Preservation of Urine.

A six-per-mille solution of chloroform is found to effectively prevent the growth of micro-organisms in urine, and it can be employed for keeping pathological liquids, and for the storage of anatomical preparations.

Solutions of Corrosive Sublimate.

A neat and convenient way to handle corrosive sublimate for making antiseptic solutions is to dissolve 15 grs. in f 3 j of alcohol, which, added to a quart of water makes 1-1000 and undergoes no chemical change if used immediately.

Increasing the Antiseptic Powers of Iodoform.

Solutions of iodoform in ether and alcohol have greater antiseptic properties than the powdered drug, owing to the production of free iodine. The following solution is an excellent antiseptic, and much superior to the ethereal one: Iodoform, one part; ether, two parts; alcohol, eight parts.

A Lining for Cisterns.

A simple method of keeping cistern-water as soft as possible is to rub paraffine on the dry walls and bottom of the cistern, and melt it into the cement with a hot iron. Cisterns, when plastered with pure Portland cement, generally give satisfaction.

Shellac Splints.

Making splints out of thick woolen cloth and strong alcoholic solution of shellac is done by brushing the shellac over the cloth, placing several pieces together and passing a hot iron over them. These splints are stiff enough for ordinary uses, can be softened by hot water, so as to permit them to be molded to the parts, and can be cut in any shape.

A Stopper for Rats.

Soak one or more newspapers, knead them into a pulp, dip the pulp into a suitable solution of oxalic acid. While wet, force the pulp into any crevice or hole made by mice or rats. Result—a disgusted retreat, with sore snouts and feet, on the part of the would-be intruders.

To Get Rid of Bed-Bugs.

Bore a large number of holes in a small block of wood, with a gimlet. Place such a block under the mattress of each cot in the hospital. The bugs will take up their abode in the gimlet-holes, and at intervals the block can be plunged into a basin of boiling water. By this method hospital beds may be entirely freed from these pests, if the walls do not harbor them.

For Chapped Hands.

The *American Druggist* recommends the following formula: White wax, 3 iv., spermaceti, 3 iij., cocoa butter, 3 ix., castor oil, 3 ix., oil of benne, 3 vi. Melt and mix; then add glycerine, 3 ij. Perfume as desired.

This makes quite a nice preparation. Petrolatum is used instead of the oil of benne (sesame oil) by some, and is considered an improvement.

Cement for Bottles.

A new cement for bottles containing very volatile liquids, which is easily prepared and applied, and which is said to prevent the escape of the most volatile liquids, is composed simply of very finely ground litharge and glycerine; and it is merely painted around the joint between the bottle and the cork or stopper. It quickly dries, and becomes extremely hard, but can be easily scraped off with a knife when it is necessary to open the bottle.

Porcelain Shot.

Under this name small white globules of porcelain are made in Munich. They are made to take the place of ordinary lead shot used for cleaning wine and medicine bottles, as porcelain is entirely free from the objection of producing lead contamination, which is often the result when ordinary shot is used. Their hardness and rough surface producing, when shaken, greater friction, adapt the porcelain shot well for quickly cleaning dirty and greasy bottles, and as they are not acted upon by acids or alkalies, almost any liquid can be used.

NEWS OF THE MONTH.

CINCINNATI has a new crematory constructed with all the modern improvements.

THE NEBRASKA STATE MEDICAL SOCIETY has prepared a bill relating to the formation of a State Board of Health, which it will ask the legislature to pass.

CHEESE-POISONING.—There have been many cases this season in Ohio. The symptoms are vomiting, gastralgia and violent purging. The toxic agent is probably tyrotoxin.

ACONITE IN SODA WATER.—A druggist in a Connecticut town by mistake put tincture of aconite into a glass of soda-water, instead of the proper fruit syrup, and thereby caused the death of two boys who drank the soda.

DR. H. R. STOUT, of Jacksonville, Fla., so widely and favorably known to the profession, early in the epidemic passed through a severe attack of yellow-fever. We extend to Dr. Stout our heartiest congratulations on his recovery.

AT DULUTH, MINN., Gabriel Marillo died recently as the result of a singular accident. While working on the street he was struck full in the face by a stream of water from a hydrant; his false teeth were knocked down his throat and he choked to death.

NEW PAVILIONS FOR COOK COUNTY HOSPITAL.—The executive board of the Commissioners for Cook County have recommended the erection of two new pavilions on the hospital grounds, one for contagious diseases and one to serve as a detaining hospital for the insane.

AT GREENVILLE, PA., Miss Nellie Williamson, while returning home from prayer-meeting Wednesday evening, became greatly amused at some occurrence and indulged in a violent fit of laughter, during which a blood vessel bursted, causing instantaneous death.

LIFE WAS EXTINGUISHED.—At Dover, Del., a man fell across the railroad track in such a position that the wheels of an entire freight train passed across his neck. The local paper, in describing the accident, adds, very unnecessarily, "when the body was discovered life was extinct."

BASE-BALL PITCHERS have killed five men and seriously injured six others this year with their swiftly thrown balls. The latest victim is Henry Zickemeyer, of Tiffin, Ohio, who was instantly killed Aug. 30. He was struck by a ball over the region of the heart, and dropped dead instantly.

THE SECOND ANNUAL REPORT of the British Homœopathic League makes a most encouraging showing. There has been a great increase in the membership, and letters are coming from members of the Royal College of Physicians asking to be referred to the standard works on homœopathy.

THE CONNECTING LINK.—The learned chimpanzee, known as "Mr. Crowley," that lately died in New York, has been "posted." The brain showed that the pyramidal tract was deficient in development, while the convolutions in the region of Broca's speech centre were almost entirely wanting.

MISS MARY CRAWFORD died in a ball-room at Delray, Mich. An examination revealed the fact that she had died from tight lacing, the stays in her corsets having been drawn so tightly that her flesh lay in folds beneath, so that the exertion of dancing caused the bursting of a blood-vessel.

A PHARMACIST'S FATAL MISTAKE.—A dispatch, of Sept. 9, reports that Julius H. Eichberg, pharmacist at the Cincinnati Hospital, who has been there eight years, and filled 200,000 prescriptions, caused the death of a patient yesterday by his first mistake in putting deadly poison in a prescription.

BITTEN BY A BEAR.—Dr. William Knight, professor of anatomy at the Ohio Dental College, had his arm nearly eaten off by a black bear at the Cincinnati zoological garden last week. He had thrust his hand through the bars of the cage to give the bear some peanuts, when the brute seized his wrist with his teeth and bit the hand almost off.

WOULD NOT BELIEVE HIM.—While testifying in a suit, Dr. J. J. Cole, of Indianapolis, offered to reveal certain secrets told him by the woman while he was her medical attendant. Judge Taylor, before whom the case was tried, said that he "would not believe a physician under oath who would reveal a confidential communication received from a patient while acting in a professional capacity."

HAHNEMANN MEDICAL COLLEGE AND HOSPITAL.—This old and well-known college opened its winter's course for 1888-'89, on the evening of September 18th. Profs. D. S. Smith, R. Ludlam, and C. E. Laning, delivered addresses to the large class that was assembled in the amphitheatre. After the "feast of reason," a banquet was indulged in in the large dining-room of the hospital.

CHICAGO HOMŒOPATHIC MEDICAL COLLEGE.—On the evening of Sept. 18th the Chicago Homœopathic Medical College began its thirteenth annual session with a large class, and an interested audience. The address of the evening was delivered by Prof. C. M. Beebe, which was followed by music by the glee club, and short speeches by different members of the faculty.

"Bill Nye," the famous wit, acted as brevet-umpire in a game of base-ball between the "regular" and homœopathic doctors of Minneapolis, one day last week. He says that "the common error seemed to be the same as that made in the Garfield case—an incorrect diagnosis as to the course and location of the ball."

DETECTING A MALINGERER.—A prisoner in the Joliet penitentiary who feigned paralysis, resisted every effort which was made to detect his malingering, even to the running of pins into his legs while asleep. As a final test the fellow was put under the influence of ether, and then rolled off from the cot on which he was lying on to the floor. As he came out from the ether he jumped up on the legs he had not used for months, danced around like mad, and wanted to "lick" the crowd.

THE BODIES GOT MIXED.—At Corydon, Eng., a burial scandal of a remarkable nature occurred last week. A man died in the infirmary the same day as a woman, and the former was to be buried by the parish and the latter by relatives. By inexplicable bungling the bodies got mixed, with the result that the woman was put into the man's coffin, and the man into the woman's. The mourning relatives of the latter followed the wrong body to the cemetery. The mistake transpired after the funerals, and the bodies were exhumed and transferred.

DROVE HIS HEAD INTO A MULE.—A singular accident occurred in a mine at Wilkesbarre, Pa., Sept. 9. Joseph Richards, a boy fourteen years old, was driving a mule in the Murray shaft. A train of five loaded cars ran away and struck the boy with such force that his head was driven entirely into the mule's abdomen. His shoulder was broken and he was otherwise injured. When the horrified miners discovered the boy's condition they endeavored to extricate him, and found the united strength of two men necessary. The boy's head penetrated the abdominal walls and entered the mule's stomach, killing the animal instantly. The boy suffered from fracture of the base of the skull, and survived the mule by about an hour.

A GEORGIA girl is cutting teeth at the age of nineteen, and they are not wisdom teeth, either, but a pair of front ones which had been missing from birth, and which she had just engaged a dentist to supply when nature stepped in and spoiled the doctor's job.

ORIFICIAL SURGERY.—The physicians who were in attendance on Prof. Pratt's class held a very interesting meeting at Central Music Hall, on the evening of September 13th. The object of the meeting was to discuss, among themselves, the subject of orificial surgery, and to relate their experience in its practice during the past year. The meeting was presided over by Dr. E. M. McAfee, of Clinton, Ia., as chairman, with Dr. C. C. Edson, of Rock Falls, Ill., as secretary. A full report of the proceedings, together with a report of Prof. Pratt's lectures, will be published soon by a committee appointed for the purpose. Those who were present were Drs. W. A. Foster, Curran, Ill.; R. L. Stow, Pleasant Hill, O.; J. K. Elms, Traverse City, Mich.; M. S. Rice, Aurora, Ill.; W. D. Lusk, Battle Creek, Mich.; M. J. Hill, Sterling, Ill.; W. E. Green, Little Rock, Ark.; J. C. Daily, Fort Smith, Ark.; Laura A. Ballard, San Francisco, Cal.; W. E. Newton, Ligonier, Ind.; R. Wilson Carr, Sedalia, Mo.; T. H. Trine, Chicago; C. H. Kaetel, Maysville, Wis.; Wm. Webster, Dayton, Ohio; A. Mitchell, Ripon, Wis.; J. M. Dart, Salt Lake City, Utah; M. D. Youngman, Atlantic City, N. J.; I. Sax, Crete, Ill.; G. H. McLin, Huntington, Ind.; M. M. Dodge, Albert Lea, Minn.; G. A. Corning, Hampton, Iowa; T. W. Roberts, Winona, Minn.; E. Cross, Lake View, Ill.; J. W. Taylor, Crawfordsville, Ind.; W. W. Gould, Rochelle, Ill.; J. P. Madison, Cynthiana, Ky.; J. N. Prinn, Hannibal, Mo.; J. H. Drake, Mt. Pleasant, Ia.; H. W. Osborn, Cleveland, Ohio; C. C. Edson, Rock Falls, Ill.; W. E. Pritchard, Bushnell, Ill.; H. A. Haley, Champaign, Ill.; S. T. Edgar, Zanesville, Ohio; S. W. Beall, Columbus, Ohio; J. E. Behrenburg, St. Louis, Mo.; E. A. Waterman, Indianapolis, Ind.; J. F. Steyner, Olean, N. Y.; J. D. Boyd, Rockford, Ill.; J. S. Fahnestock, Laporte, Ind.; W. A. Stone, Providence, R. I.; P. S. Replogle, Champaign, Ill.; C. A. Pauly, Cincinnati, Ohio; E. H. Parker, Eau Claire, Wis.; J. J. Whitfield, Grand Rapids, Mich.; Laura A. Edwards, Hastings, Neb.; N. M. Collins, Rochester, N. Y.; R. F. Hayes, Freeport, Ill.; A. L. Monroe, Louisville, Ky.; E. W. Vietz, Plymouth, Ind., and G. A. Ross, Ft. Wayne, Ind.

HOSPITAL NOTES.

Cook County Hospital.

Two cases recently admitted to the "other side," as we call it, gave full proof of the efficacy of Dr. Senn's method of diagnosis in penetrating gun-shot wounds of the abdomen. The course pursued is as follows:

Hydrogen is generated by the action of dilute Hydrochloric acid upon zinc, the gas being collected in a rubber receiving-bag. To this bag a rubber tube is attached for insertion in the patient's rectum. As the gas is expressed from the bag it distends the intestines, passes upward and makes its exit from the mouth, where it may be ignited, provided the intestines are intact. If, however, the gastro-intestinal canal is perforated at any point, the hydrogen escapes into the peritoneal cavity, and may be ignited by introducing the end of a small glass tube into the external wound, and applying a candle to the open end.

CASE I. A bullet entered just beside the umbilicus, in a position where intestinal perforation would seem almost inevitable. On rectal inflation with hydrogen gas, the intestines gradually distended until the gas escaped from the oesophageal tube, and was there ignited. No flame followed the application of a match to the tube inserted into the abdominal wound.

The man died a week later from septic peritonitis following an abscess in the track of the bullet. Post-mortem showed no intestinal perforation.

CASE II. A young negro was shot in almost exactly the same location as case I.

Very soon after the accident, inflation was commenced. Bloody fluid and gaseous bubbles appeared in the glass tube inserted in the external wound. Blue flame appeared on applying a lighted candle.

Laparotomy was immediately performed by Dr. Fenger, and eighteen perforations of the small intestines discovered.

The hydrogen was still further utilized in ascertaining the exact location of the perforations; as the hydrogen was turned on it bubbled through the lacerations, which were immediately sutured, and the process repeated until all had been found. This proceeding alone saved much time and search.

The above cases illustrate well the value of this method. Both external wounds were in the same location. In the one case, non-interference gave the greatest chance for life, in the other, laparotomy was the man's only hope. Senn's method alone afforded the means to decide the proper line of procedure.

Not long since a newly-arrived immigrant—one of Bismarck's subjects, unable to speak a word of English—wandered into the Hospital. The man was taken to the proper apartment, undressed, given a thorough bath, then taken to a ward and put to bed. After remaining there several hours he was waited upon by the attending physician, who, after making a cursory and fruitless examination, asked the man what was the matter with him.

"Nichts," replied the German.

"Then why did you come here?"

"To look around and see what kind of hospitals you have in this country," said he, in German.

"Then why did you let them bathe you and put you to bed?"

"Because," replied the man, "I thought that was the American way of receiving visitors."

The patient was discharged and marked in the books as a case of "complete recovery."

KALEVALA.**THE GREAT EPIC OF THE TIMES.**

Prof. J. M. Crawford, M.D., of Cincinnati, is just now receiving a great deal of attention from the literary critics of the country, he being the first to translate the Kalevala into English. This great epic is over three thousand years old, and yet was never reduced to writing in any language till within the last half century. Two physicians, Dr. Topelius and Dr. Seurot, visiting the Finns in their dwellings, gathered the fragments which for nearly thirty centuries had been preserved by oral tradition. In 1835 the first edition appeared, and now another physician, in the midst of a busy practice and arduous college work, is the first to produce an English translation of this great epic. This poem has an additional interest to English readers, as it was the source from which Longfellow drew the framework and meter of his *Hiawatha*. The work is elegantly gotten up and issued in two volumes by John B. Alden & Co., of New York.

OBITUARY.

At Richmond, Ind., August 10th, the venerable Dr. O. P. Baer, in the seventy-second year of his age.

Maria W. Porter, M.D., at her home in Davenport, Iowa, on Saturday evening, Sept. 8th, 1888, aged 65 years.

Died, September 6th, 1888, Dr. William Von Gottschalk, of Providence, R. I., in the sixty-eighth year of his age.

FACETIÆ.



The Doctor's Slate.

A good prescription for dyspepsia. To be taken three times a day.

"For every evil under the sun,
"There is a remedy or there is none;
"If there is one, try and find it,
"If there isn't, never mind it."

Never Mind the Diagnosis.

Doctor.—"My diagnosis causes me great uneasiness, sir. It is—"

Patient.—"O, hang your diagnosis! All I want to know is, what's the matter with my liver."

A Slight Resemblance.

Patient.—"Well, doctor, what do you call it?"

Doctor.—"Progressive paralysis."

Patient's Wife.—"Is it anything like progressive euchre, doctor?"

Good Advice.

"Now, Doctor," said he, as he joined the medical gentleman in the street, "in the case of a man who can't sleep at night, what would you advise?"

"I would advise him to sleep in the daytime." — *Life*.

Secundum Artem.

Doctor.—"My poor man, you are dangerously ill. Is there any word you want sent to your friends?"

Patient.—"Am I really so ill?"

Doctor.—"Alas, I can offer you no hope!"

Patient.—"Very well, then, nurse, telephone for another doctor." — *Ex*.

Lung Trouble.

Brown.—"You don't look well lately, Robinson."

Robinson.—"No; I can't sleep at night on account of lung trouble."

Brown.—"Nonsense; your lungs are all right!"

Robinson.—"Yes, mine are; the trouble is with the baby's."

SPECIAL NOTICES.

Important Convention of the Southern Homœopathic Association.

The Southern Homœopathic Association will meet in Louisville, October 10. This will be by far the most important meeting of that school of medicine ever held in the South. Dr. H. R. Stout will be present and deliver a lecture on the subject of "Yellow-Fever."

Prof. Buck, dean of the Pulte Medical College of Cincinnati, will give an address on live topics in medicine.

Besides these they expect Profs. Hale and Pratt, of Chicago; Runnels, of Indianapolis, who is private physician to Gen. Benjamin Harrison; Dake, of Nashville; W. H. Holcombe, of New Orleans, and the Kentucky state delegation *en masse*.

Reduced rates have been obtained from the Louisville & Nashville, the Louisville, New Albany & Chicago, and the Ohio & Mississippi Railroads. Certificates must be obtained from ticket agent at *starting point*, which, when countersigned by the General Secretary at Louisville, will entitle members to reduced rates homeward.

A. L. MONROE, M.D.	} Local Reception Committee.
HOWARD CRUTCHER, M.D.	
CHARLES W. TAYLOR, M.D.	

LACTATED FOOD comes to the front with a specimen of three prize babies, raised on this favorite aliment when no other food would agree. A cabinet photograph of the "triplets" will be sent to anyone who will write to Wells, Richardson & Co., Burlington, Vt., and mention the ERA in the request.

Monon Route to Louisville.

From Chicago to Louisville the MONON ROUTE offers superior accommodations. Leave Chicago at 8:30 p. m., arrive in Louisville 6:30 a. m. City ticket office, 73 Clark St. Depot, Dearborn Station, Polk St., near State.

Burlington Route.

VESTIBULE TRAINS. — "The Burlington's No. 1" fast train, leaving Chicago at 1 p. m. daily for Omaha, Lincoln, Cheyenne and Denver, and arriving at Denver at 9:10 p. m. the next evening, is now a solid vestibule train for the entire distance between Chicago and Denver.

The Burlington's "Fast Trains" to Kansas City, St. Paul, and Minneapolis will also be vestibuled trains at an early date.

MEDICAL STUDENTS can have the ERA for \$1 a year.

BOOK REVIEWS.

TEXT-BOOK OF GYNECOLOGY DESIGNED FOR THE STUDENT AND GENERAL PRACTITIONER, by A. C. Cowperthwaite, M.D., Ph.D., LL.D., Professor of Materia Medica and Diseases of Women in the Homœopathic Medical Department of the University of Iowa; President of the American Institute of Homœopathy; Author of "A Text-Book of Materia Medica," "Insanity in its Medico-legal Relations," etc., etc. Chicago. Gross & Delbridge. 1888.

We open this book with great expectations, and yet not without some misgivings. The former, because one who has attained to Prof. Cowperthwaite's eminence as an author and teacher, cannot afford to give an ill-considered work to the profession; the latter, lest he might have done so. But misgivings soon vanish as we find ourselves absorbed in reading the pages of a work beautifully written and systematically arranged, covering the entire field of gynecology, and making up a text-book far superior to anything before possessed by our school and, equal, we think, to the standard works of the old school.

There has long been in our school a demand for a good, reliable and practical work on the diseases of women, and we are free to admit that Prof. Cowperthwaite has succeeded most admirably in his efforts to supply the want, a fact which, we are sure, the profession will be quick to recognize.

The first chapter is devoted to a brief study of the anatomy of the female genital organs. This is followed by a chapter on the general etiology of gynecological diseases, which three chapters are devoted to examination and diagnosis. This important subject is treated in a most exhaustive and practical manner, and is illustrated by cuts of the various instruments used, and diagrams representing the methods to be employed. These chapters are alone worth the price of the book, and will prove of inestimable value to the student. Chapter V. introduces the consideration of the various gynecological diseases in systematic order, beginning with diseases of the vulva and ending with diseases of the pelvic peritoneum and cellular tissues. Then follow disorders of menstruation, leucorrhœa, chlorosis, hysteria, sterility and extra-uterine gestation, the last four chapters of the book being devoted to a consideration of the diseases of the mammary glands, a very

important subject, not heretofore included in the works on gynecology. Each subject is systematically arranged under the respective headings of synonyms, definition, pathology, etiology, symptoms, diagnosis, prognosis and treatment. The pathology of the various diseases is briefly given, but includes all that is required by the student and general practitioner, and is fully up to date, embracing the most recent ideas of modern pathologists. Medical, local and surgical methods of treatment are given.

The homœopathic therapeutics which the author has introduced, will prove to be a valuable feature of the book. For adequate reasons, which are stated in the preface, this department is not as elaborate as might be, but will, doubtless, serve the purpose intended.

As a whole the book will commend itself at once to any student of medicine and every practitioner. It is admirably well written, concise, systematic and complete, and, withal, profusely illustrated, containing 215 illustrations. It makes a book of 550 pages. The typographical execution and binding are the best that can be put into the making of a book.

Prof. Cowperthwaite is to be congratulated; and so is the profession.

HAY FEVER; OR RHINITIS VASO-MOTORIA PERIODICA AND ITS RADICAL CURE. By E. Lippincott, M.D., Member of the American Institute of Homœopathy; Southern Homœopathic Medical Association; American Public Health Association; American Obstetrical Association. Chicago. Gross & Delbridge. 1888. (\$1.25.)

Physicians having cases of hay fever to treat must possess themselves of this book. It is a careful and systematic treatise on the subject, and, withal, eminently practical. Dr. Lippincott holds the view that hay fever is caused by the irritation of a previously-diseased nasal mucous membrane, and that treatment be directed to this part. He claims for himself abundant and gratifying success, by the use of the methods described. The homœopathic therapeutics are particularly full, making it altogether the best work on the subject of which we are possessed.

The fifth volume of the **MANIFOLD CYCLOPEDIA**, which has just been published, more than sustains the good reputation of the previous issues, being, especially, more full in its vocabulary, and the entire workmanship, both literary and mechanical, apparently being of a higher grade. The publisher will send specimen pages free to any applicant, or specimen volumes may be ordered and returned if not wanted. J. hn B. Alden, Publisher, 393 Pearl Street, New York; 218 Clark Street, Chicago.

THEY SAY

THAT the urethra is a rifled passage.

THAT the big toe has now had its innings.

THAT it was not a case of leprosy, after all.

THAT a doctor must understand all tongues.

THAT it is bad practice to forget what you never knew.

THAT it is the female mosquito that does the biting.

THAT an assurance company must have lots of cheek.

THAT 35 years is the average age at which most suicides occur.

THAT marriage is a trust for the protection of infant industries.

THAT the best way to get a head is to go to raising cabbages.

THAT the small boy is now gathering the home-grown apple crop.

THAT there is nothing more misleading than figures, except facts.

THAT you should shut your mouth—and breathe through your nose.

THAT he who sells himself for nothing generally gets all he is worth.

THAT the word "drug" only applies to medicines in their crude form.

THAT the best way to get even with some men is to pay what you owe them.

THAT the luckiest man of all is the one who keeps school in hot weather.

THAT a cat makes most noise when everything is still—everything but the cat.

THAT one-seventh of the deaths of the human race are due to tubercular disease.

THAT by swearing you may convince yourself, but you can't convince the other fellow.

THAT gonorrhoeal rheumatism attacks by preference the temporo-maxillary articulations.

THAT a babe in the house is a well spring of pleasure; but twins—twins are a deluge.

THAT a doctor always remembers kindly his first patient, but never chips in for the monument.

THAT you should pay heed to the idle rumor, lest the idle roomer forget to pay heed to you.

THAT sometimes people are killed by kindness, but the mortality this summer has been very light.

THAT the predisposition of man to tuberculosis has doubled since the beginning of the present century.

THAT the bilious and sanguine temperaments are best for long life, the nervous and lymphatic the worst.

THAT embolism involving directly only the extra-ganglionic portions of the cerebrum does not cause coma.

THAT there is a tide in the affairs of men which, if not skilfully dodged at the proper moment, drowns them.

THAT the hardest sinner to convert is the one who spends half his time in sinning and the other half in repenting.

THAT lying with the shoulders low and the hips elevated has given relief in some cases of the vomiting of pregnancy.

THAT man possesses a lung capacity which is nearly one-fourth larger than the actual necessities of life at sea-level demand.

THAT chloroform as an anæsthetic is dangerous when there is organic disease of the heart, or in persons addicted to whisky.

THAT when it storms it is best to be on dry land; but when it storms the land isn't dry, and it puzzles one to know where to go.

THAT a little boy carried a written order to a Lewiston druggist calling for "Ipecac enough to throw up a four-year-old girl."

THAT according to the bulletins all great men continue to improve until the improvement is stopped by the death of the patient.

THAT there is a doctor down in Missouri whose name is Gall. There is a position waiting for him on the o. s. staff of cook co. hospital.

THAT false pains may come on at any time during pregnancy, and cannot be told from true pains, except that the former are relieved by opium.

THAT a physician who drank some sheep's blood said that, with his eyes shut he would have supposed that he was drinking milk fresh from the cow.

THAT "tympanitis" means one thing, and "tympanites" another, and there is no justification for using these words indiscriminately, the one for the other.

THAT a boy who was sent to the doctor's, came home in high glee and said that the doctor told him there was nothing the matter with him but "mental imbecility."

THAT a petrified man has been found in Minnesota. It is supposed to be the doctor who fell "stone dead" when told that the American Institute would come west next year.

THE MEDICAL ERA

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EDITORS :

CH. GATCHELL, M.D.

JAMES E. GROSS, M.D.

"THE FATAL ILLNESS OF FREDERICK THE NOBLE."

SIR MORELL MACKENZIE has spoken.

No such severe arraignment of one set of physicians by another physician high in authority has ever before been made.

DR. MACKENZIE, with gloveless hands, dissects the case with anatomical detail. He weighs no words, and softens none. He spares neither invective nor sarcasm. He prefers against his German colleagues charges which are not short of crass ignorance and criminal malpractice. There is an amount of circumstantiality in the telling which lends to it a strong air of probability.

From the first he distrusted those whom he found in charge. GERHARDT, he says, had given "some attention to diseases of the throat." VON BERGMANN he had never seen mentioned in laryngological literature "save as a somewhat unfortunate operator in a few cases of disease of the larynx." TOBOLD had grown to be "little more than a *nominis umbra*." He says:

I confess that I felt some surprise that among those with whom I was invited to take counsel in a case of such importance there was not at least one of the leading German specialists in throat diseases.

But these are mild indictments. He goes further. He intimates that GERHARDT's treatment of the case by galvano-cautery, making an application once a day for a fortnight, may

have been the active agent in rendering the growth malignant. His language is plain:

Prof. Gerhardt himself tells us that at an early period of his connection with the case he suspected that the affection was malignant. This makes the manner in which he proceeded to deal with it simply incomprehensible, except on the supposition that his anxiety made him reckless. It is certain that if the growth was not malignant from the first Gerhardt, by his unmerciful use of the galvano-cautery, went the surest way to work to make it so.

BRAMANN is criticised for making the tracheotomy incision out of the median line, and for inserting a large and clumsy canula, the lower end of which impinged upon the posterior wall of the trachea, causing irritation, inflammation, and destruction of tissue, so that—

Greater destruction was probably occasioned in three weeks by ill-fitting tracheotomy-tubes than would have occurred in a year had the illustrious patient not been subjected to such injudicious treatment.

VON BERGMANN does not escape MACKENZIE's lance. The description of the effort on the part of the former to insert a tracheotomy-tube, is certainly amazing. According to the account he almost strangled the illustrious patient in three unsuccessful attempts to insert the tube, each time forcing it into a false passage which he had created in the cellular tissue of the neck in front of the trachea. Not until he had, for some unexplained reason, plunged his finger into the wound, did he desist from his efforts. A cellular abscess is claimed to have followed this unskilful manipulation, which MACKENZIE calls "the death-warrant of the Emperor," for—

Later on, a further source of irritation was supplied by the trickling into the windpipe of pus from the abscess caused by Prof. Von Bergmann's blundering efforts to make force supply the place of skill in introducing a canula.

So the story goes, in all its grim detail. It is without precedent in medical history. It is in ill-temper; it is malevolent. MACKENZIE certainly exhibits an excess of controversial zeal.

But, it must be remembered, the provocation was great. While the EMPEROR lived, MACKENZIE was maligned, insulted, persecuted, and even threatened with personal violence. No sooner was the autopsy held than he was dismissed like a lackey, and publicly accused by his antagonists of having hastened the patient's death. If he had not resented these savage attacks he would not be an Englishman.

Of the merits of the case, it is hard to judge. Although the story bears the impress of truth, both sides should be heard before judgment is formed. Probably no physician was ever before placed in so delicate and exacting a position as was MACKENZIE during the EMPEROR's illness, and probably none ever bore himself so well. His skill, no one will question. His tact was of an equally high order. To what extent he may have been governed in his course by state reasons, the world, probably, will never know.

Thus is initiated what promises to be a most bitter international medical war. The lines are drawn, and the battle wages.

The victim lies in his grave.

AN UNIVERSAL PROPHYLACTIC.

It is impossible that the man who has not had a professional education should understand the problems of medicine. As well might a baker pretend to understand Blackstone. When outsiders invade the field of medicine, it is generally to display their ignorance.

Even Edison, the "wizard," so expert in his own department of science, fails to show a comprehension of the subject when he approaches that of the prophylaxis of disease. If we are to believe the papers, he has recently been giving some attention to the matter of the suppression of yellow-fever, which he would accomplish by killing the germs by means of gasoline or caus-

tic soda. Now, while it is true that caustic soda will destroy any animal organism, and a gasoline bath is fatal to life, yet, like the old lady's recipe for Indian pudding, it would be necessary for Mr. Edison first to "catch his germs." And this is not so easy a matter.

MR. EDISON expresses the belief that "the fever microbes are parasites that crawl along the ground." The bare suggestion of an atom smaller than a blood-corpuscle—possibly no more than the five-thousandth of an inch in diameter—"crawling along the ground," must be amusing to the practical bacteriologist! How far the creature would crawl in the course of an afternoon, deponent saith not.

MR. EDISON should understand that bacteria are not potato-bugs, and sprinkling the streets with gasoline would probably cause greater consternation among the voting population of a village than it would among the microbes.

But what is the use of seeking for a remedy that is already found? No city in the land need be visited by the fever if it will observe the simple precautions which are familiar to every well-educated physician—cleanliness, as secured by proper sanitation. DR. J. P. DAKE, in a letter to the *Nashville American*, in criticising the local board of health for refusing to harbor refugees, expresses the opinion that Nashville could, with impunity, receive all who might come without infected luggage. Louisville very hospitably threw wide her doors, and DR. LIPPINCOTT, of Memphis, writes us—

We have not had, and will not have, any yellow-fever here this year, or at any future time. The sanitary condition of the city is such that it can never originate here, and, if brought, it would not spread.

The lesson is learned. With yellow-fever, as with so many other diseases, filth is the nidus from which it springs, and cleanliness is absolutely prophylactic.

Meanwhile, a kindly frost has raised the siege.

"THE YOUNG DOCTOR."

A fresh young doctor, like a fresh young rooster, is apt to overestimate his capacity.

There is no sight in all nature so calculated to increase one's confidence in the ability of the race to take care of itself, as to see some young sprig of medicine try to puff himself out so as to appear as important as he feels. To him, age is a mark of imbecility, and experience teaches faulty lessons.

The laity, as well as the profession, understand this, but nowhere have we seen it so aptly "taken off" as in that most excellent of novels "*Robert Elsmere*," where the gifted authoress describes the diphtheria epidemic, in which the Rector and his wife labored so hard. MRS. WARD says:

The Rector's chief help and support all through had been old Dr. Meyrick; but now the old gentleman was laid up with rheumatism, and the duties of attending the sick fell to his son. This son was nominally his father's junior partner, but as he was, besides, a young and brilliant M.D., fresh from a great hospital, and his father was just a poor old general-practitioner, with only forty year's experience to recommend him, it will easily be imagined that the subordination was purely nominal.

The young doctor's superlative presumption, as always, annoyed not only his poor old father — who first made the boy, and then made him a doctor — but all others were subjected to the irritation of his manner, for it is related that —

The Rector was always sorry to see the young doctor come. His attainments, of course, were useful, but his cocksureness was irritating, and his manner abominable. When the old doctor was able to get about again, he gave the sick ones an infinity of patient watching, and amused the Rector by the cautious hostility he would allow himself every now and then toward his son's new-fangled devices.

That medicine, as a science, has made great advances in the past forty years, expresses what we all know. The young man who leaves college to-day carries with him a vast amount of exact knowledge which is of comparatively recent discovery. He certainly has the advantage of the medical Bourbon who, since he went to school, has learned nothing, and forgotten nothing. But experience, to those who are capable of learning, is an excellent teacher, and the fledgling who assumes to know more than his father, must simply be written down a "cad."

A BAD LOT.

As so often happens, it is the "reporter" who is responsible for the error of statement contained in the notice of Dr. CRUMPTON's appointment as a delegate to the Pennsylvania State Society, to which we called attention in last month's ERA. We have received the following official letter from Dr. CRUMPTON, in which she very modestly renounces all claim to having been the "first woman delegate," and places the responsibility where it is generally found to rest — on the "reporter."

ALLEGHENY, PA., OCT. 2, 1888.

Editor of THE MEDICAL ERA:

In your current issue I find an editorial article which amuses and interests me very much. For the last two weeks my time has been taken up in writing to papers and journals stating that I am *not* the first woman delegate to a medical convention, and asking the editors to correct the statement; not being true, I do not wish such an item circulated in connection with my name, nor do I wish to be a first anything, least of all a first-class impostor, as the papers seem to make me out. I had no idea that my poor little paper would be the subject of so much commotion, and I shall be only too glad if you will correct the mistake in the next issue of the ERA.

If we have any drug in the pharmacopœia that will silence reporters, we ought to use it very freely.

Very truly,

MARGARET L. CRUMPTON, M.D.

26 SHERMAN AVENUE.

STILL ON THE DECLINE.

We find the following item in a late number of the *Medical Record*:

A NEW HOSPITAL.—The papers announce, with much flourish, the completion of a new homœopathic hospital at Detroit, Mich., at a cost of \$100,000. The sum mentioned does not go far in hospital building and maintenance. It is unfortunate, however, that even such an amount should be wasted in giving support to a dogma already practically extinct in intelligent communities.

We were beginning to feel very disconsolate over this piece of news, when we picked up an Eastern paper containing the following paragraph:

A NEW COLLEGE.—It is announced that another allopathic medical college is soon to be opened in Brooklyn, N. Y. It takes considerable money to run such an institution decently, and it is a pity to waste it in supporting an empirical system of medicine which, as is well known, is being abandoned by the best and most intelligent class of citizens in every city in the country.

Now we feel better!

ORIGINAL ARTICLES.

SOME EXPERIENCE WITH SODIUM PHOSPHATE.

By W. H. HALL, M.D.

HAVANA, ILL.

[Read before the Illinois Homœopathic Medical Association.]

AFTER the manner of the great law of evolution is our materia medica unfolded and fixed in the memory, to be drawn upon as circumstances require.

Schüssler says: "Through the presence of Sodium phosphate, lactic acid is decomposed into carbonic acid and water. The Sodium phosphate fixes or absorbs carbonic acid and carries it to the lungs for exhalation."

The same author recommends it for all ailments in which there are symptoms of acidity, and as lactic acid seems necessary to the life of intestinal worms, the remedy is recommended for the destruction of these annoying parasites. Either on account of improper selection of the remedy, or carelessness of the patient, many cases of indigestion do not improve as we would like, and it calls to mind the difficulty, many times, of obtaining satisfactory results in that other protean malady, hysteria, and suggests the idea of the probable, or, rather, possible relationship between some of these cases.

We are often appealed to for the relief of pain coming on an hour or two after eating, burning in the stomach, eructations of gas and sour fluid. The patients often tell us that it makes no difference what they eat or how it is eaten; the trouble comes as regularly as the meal. Such cases go the rounds of doctor shops and nostrums, and kill time during the interval taking Sodium bicarbonate. For the symptoms mentioned above I am now in the habit of prescribing Sodium phosphate 3x, a small powder in a swallow of water before each meal, and with a certainty of success that I did not have with other remedies.

Recently a man of means, one retired from business, called on me for relief from very troublesome burning in the stomach after eating, and continuing almost to the next meal-time. He also had pain developing one or two hours after meals. His external appearance was that of a healthy man. The tongue had a light gray coating, no bad taste in the mouth, no fullness or tenderness about the hypochondrium or epigastrium, bowels regular and stools normal. No thirst or fever. His chief annoyance was the burning, which sometimes kept

him awake at night. He received Sodium phosphate and immediately began to improve.

The next time I saw him he said: "The medicine is doing its work; the burning has ceased, and it was not the result of faith, for I came to you at the solicitation of friends, and without hope."

This is only one case of a number where Sodium phosphate has in like manner succeeded.

Last winter a child (its father a druggist) fourteen months old had typhoid fever, after which it suffered with indigestion. Everything soured in the stomach, the breath smelled sour, it vomited curdled milk and sour-smelling fluids, had green stool, alternating with constipation; was troubled with colic; had white-coated tongue and was white around the mouth; was fretful, cross and restless at night.

After several fruitless efforts with other medicines and considerable loss of time, the entire trouble was readily removed and the child restored to perfect health by the use of Sodium phosphate.

I have treated two cases of pin-worms, with itching of the anus, with perfect success. In both cases the Sodium phosphate 6x was used, a powder night and morning. In one case all symptoms disappeared in a week. In the other the itching was less annoying after one day's treatment, and entirely disappeared by the second night. Both cases were treated over a year ago, and have not manifested any symptoms of a relapse since.

The Sodium phosphate was continued two weeks in each case. The twelve tissue remedies are not likely to displace the entire materia medica, but will evidently become valuable aids.

NOTE ON KALI CYANICUM.

By CLIFFORD MITCHELL, M.D.

CHICAGO.

THERE is a muddle in regard to nomenclature which threatens to become as involved as the celebrated "Nathaniel-Daniel or Daniel-Nathaniel" case in Pickwick.

There is a substance which has been used by Dr. Adams, of Toronto, and also by Dr. Tyrrell, of the same city, in cases of carcinoma with marked effect in several ways as they show. In an article in the *Homœopathic Recorder* their experience with the drug is fully related. They call it *Kali cyanicum*, and give its formula as KCNO, and its familiar name as the Cyanate of potassium. As the substance may have a "great future" (like most all drugs that we hear of), it may be well to understand its chemical constitu-

tion. In the same article in which Dr. Tyrrell describes its use he alludes to a drug used by Petroz, which cured a cancerous ulcer of the tongue. Now the drug used by Petroz was not the Cyanate of potassium, but the Cyanide, as the editor of the *Recorder* shows in a note at the end of the article. In order to understand fully the chemical differences between the Cyanide of potassium and the Cyanate of potassium, together with the synonyms of each, I have arranged the following table:

POTASSIUM CYANIDE.

Binary compound made by heating 8 parts Potassium ferrocyanide with 3 of Potassium carbonate.

Formula, $K(CN)$ or $KCy=65$.

U. S. Pharmacopœia name: Potassii cyanidum.

French names: Cyanure de potassium, Hydrocyanure de potassium.

German names: Kaliumcyanid or Cyankalium.

English homœopathic name: Kali cyanatum.

Properties: Transparent, colorless cubes if crystallized from fusion, or anhydrous, octahedrous and cubo-octahedrous from aqueous solution. Fuses at dull red heat. Inodorous except when moist. Strongly alkaline. Bitter taste.

POTASSIUM CYANATE.

Ternary compound made by oxidizing Potassium cyanide by heating the latter with oxides, as those of metals.

Formula, $K(CN)O$ or $KCy O=81$.

Potassii cyanas.

Cyanate de potassium

Kaliumcyanicum.

Kali cyanicum.

Properties: Small colorless laminæ and needles like Potassium chlorate. Fuses much below red heat. Inodorous. Tastes like nitre.

Confusion, if any, arises from the fact that the Cyanide is termed by homœopaths Kali cyanatum. If, however, the Cyanate be termed in homœopathic medicine Kali cyanicum they may thus be distinguished from one another. In the same way homœopaths call Potassium chlorate, Kali chloricum; but Potassium bromide, Kali bromatum. Practically, it is difficult to obtain Potassium cyanide which does not contain Potassium cyanate as an impurity.

70 STATE STREET.

IODINE FOR WORMS.

By CHAS. S. MCKAY, M.D.

LOWELL, MICH.

LAST month I was called to attend a child about three years old, suffering from a severe cold. Noticing a discoloration on the child's chin, I inquired its cause. The mother explained that about four days before the child had found a bottle of Iodine (tr.) and enjoyed a taste. The mother said further that the next day the child passed several large, round worms, the largest nearly five inches long.

I had at that time on my hands a child about four years old, who had all the worm symptoms in the calendar. The worms seemed to enjoy Santonine in every form, from 6x to crude drug. The day after hearing the above from the mother of the child that had taken the Iodine by mistake, I put one-half dram tincture of Iodine into a two-dram vial and filled it up with water, and ordered it given in three-drop doses every three hours. To the satisfaction of all, the next day the child passed several round worms similar to those passed by the first babe. Another thing that happened was, the child had been "cankered" seemingly throughout the extent of the digestive and intestinal mucous membranes, but after taking the Iodine and passing the worms, this entirely disappeared.

HUMAN DECADENCE.

By H. D. CHAMPLIN, A.B., M.D.

CLEVELAND, OHIO.

THERE is not one person in ten who thinks of, or seems to care for, his health until he loses it.

The most absurd excuse for neglect of duty to one's self is that he cannot always be looking after his health; in other words, he has not the moral power to abstain from excesses that weaken the body and shorten life as surely as night follows day.

The old Roman idea of manliness was a sound mind in a sound body. Physiologists recognize the existence of two sources of strength in the constitution; one is called the force in use, and the other the reserved force, and the conservation of these forces is the desired end to be attained. The great thing in regulating and benefiting human life is not to find out new things, but to make the best of old things—to live according to nature and the will of nature's God. And certainly the high pressure that the majority of the present generation are putting upon themselves, the strain of over-work, and criminal abuse of their stomachs and organs generally, shows a disposition to live according to no law.

Dr. John Brown, of Edinburgh, tells the following story in one of his books: "One day on my return to the office I asked the servant if any person had called, and was told that some one had. 'Who was it?' 'Oh! it's the little gentlemen that aye rins when he walks.'" So it is with this age and people, and one wishes they would walk more and "rin" less.

A man can walk farther and longer than he can run, and it is poor saving to get out of breath.

The man of seventy, well preserved mentally and physically, with ten children and as many grandchildren, is of more value to the community than twenty men who die at thirty, and, it is to be hoped, unmarried. More than half the bad effects of over-work might be prevented by a little plain knowledge, attention, and judicious use of good sense on the part of the family physician. Educate your patients in regard to themselves; make them acquainted with the fact that they have a stomach, and define its location (few, very few, seem to have a correct idea as to where it is). Explain the fact that it is the laboratory in which the most wonderful chemical processes constantly go on; that whatever goes into it is at once acted upon chemically, and the nutritious and wholesome portions go to build up and strengthen the system. Improper food, improper hours of eating, liquor-drinking and tobacco-using put an extra amount of work and fatigue upon it in the effort to sustain life.

What a man habitually eats and drinks has much to do with the condition of mind and body.

Matthew Prior has these stout old lines:

"The plainest man alive may tell ye
The seat of empire is the belly:
From thence are sent out those supplies
Which make us either stout or wise.
The strength of every other member
Is founded on your stomach timber;
The qualms or raptures of your blood
Rise in proportion to your food.
Your stomach makes your fabric roll
Just as the bias rules the bowl.
That great Achilles *might* employ
The strength designed to ruin Troy,
He dined on lion's marrow, spread
On toasts of ammunition bread;
But by his mother sent away
Amongst the Thracian girls to play,
Effeminate he sat and quiet,
Strange product of a cheese-cake diet.
Observe the various operations
Of food and drink in several nations.
Was ever Tartar fierce or cruel
Upon the strength of water gruel?
But who shall stand his rage and force
If first he rides, then eats his horse?
Salads and eggs and lighter fare
Turn the Italian spark's guitar,
And, if I take Dan Congreve right,
Pudding and beef make Britons fight."

105 JENNINGS AVENUE.

We may now consider the bacillus as the cause of tuberculosis. I believe that tubercular lesions are sometimes curable, as, for example, tubercular meningitis. I believe the danger in such cases lies not so much in the presence of bacilli as in the presence of septicæmia, which is so apt to be present.—*Dr. Sansom.*

CLINICAL LECTURE.

Reported by Wm. Whitford.

LOCOMOTOR ATAXIA.

By CH. GATCHELL, M.D.

CHICAGO.

[A clinical lecture delivered at the Cook County Hospital, Chicago, October 4th, 1898.]

GENTLEMEN: The first case that I shall offer for your instruction presents the most common form of chronic disease of the spinal cord with which that organ is affected. It is variously called *progressive locomotor ataxia*, *posterior spinal sclerosis*, and *tubes dorsalis*.

The disease consists of primary degeneration of the sensory nervous system, involving both the spinal cord and the peripheral nerves, characterized by muscular incoördination, by peculiar pains, and by the loss of certain reflexes.

As regards its etiology, it is far more frequent in men than in women, in the proportion of ten to one. Heredity has but a slight influence. It is a disease of middle life, the greater number of cases occurring between the ages of twenty and forty. Traumatism is responsible for some cases, maybe one in ten. But the cause that is more pronounced than any other one, is syphilis. Some authorities put this, as a predisposing cause, as high as ninety per centum. If we place it at one-half of all cases, it is a very safe estimate. When it occurs secondary to syphilis it generally makes its appearance four or five years after the initial disease. It is not strictly a sequel of syphilis, but, rather, a degeneration to which syphilis predisposes the system. The character of the degeneration is unlike syphilitic lesions.

I will first, in this patient, demonstrate a few symptoms which characterize the disease, then explain its pathology, and afterwards attempt to account for the symptoms according to the lesions found. This man's tabetic history dates back one year. It is a case in which traumatism has been the exciting cause. About one year ago he was sitting on the edge of a wharf, and at the approach of a steamer he was thrown violently to the deck of the wharf, and probably suffered concussion of the spine. From that time he dates the first symptoms of the disease. He soon suffered from severe pains and other sensations extending down the left side, involving the thigh as far as the knee. It is only about six weeks ago that the ataxic symptoms made their appearance. At the present time these are very prominent. Observe his gait. As he returns from walking across the floor notice

the manner in which he puts his feet down. This is called the ataxic gait. The heel comes down first, then the front of the foot, so that there is a sort of double sound as each foot strikes the floor. The patient does that in order to secure a firm foundation upon which to rest the feet at each step. Again, you will notice, he spreads the feet as he walks; that is to gain a wide base of support. The peculiar gait has been called the *gressus gallinaceus*, or the "cock-walk," in contradistinction to the *gressus vaccinus*, or the "cow-walk," which is found in paraplegia. Paralytics will drag their feet and scrape the inside of the feet and toes in walking, while the tabetic patient throws the heel down first. It used to be said by the old authorities that the diagnosis between a case of tabes and one of paraplegia could be made simply by having the shoes that the patient wore brought to the doctor's office. If the shoe was worn down at the back of the heel, it was tabes; if on the inner side of the sole, it was a case of paraplegia. This, however, is rather fanciful, gentlemen, and I would not advise you to depend upon it as a discriminating symptom in this disease.

As the patient stands with his feet close together and his eyes closed, he sways to and fro, and without the support which I render he would fall, and yet there is full power of the muscles. Now, seated in a chair, as he extends his leg it requires all my strength to bend the knee. Thus, notwithstanding the interference with locomotion, his muscular power is not even diminished.

In tabes the degeneration usually begins in the postero-external column, the column of Burdach, as you have heard it called, though I prefer names that are descriptive rather than names that immortalize the discoverer. The degeneration, then, as I have before said, begins generally in the postero-external column of the cord in the lumbar region. It may extend to the dorsal and cervical regions, to the medulla, across the floor of the fourth ventricle, and even into the aqueduct of Sylvius.

The nature of this change gives to the disease one of its names—spinal *sclerosis*, a hardening. The process is simply this: In its normal state the posterior column of the cord is made up of white nervous tissue—an axis-cylinder surrounded by the white substance of Schwann. The nerve-fibres, thus composed, are bound together by connective tissue, or *neuroglia*. In primary degeneration of the spinal cord, first the white substance of Schwann undergoes granulo-fatty degeneration; the greater portion of it degenerates into fat; this finds its way into

the lymph-spaces of the vessels, and is carried off. At the same time there is a corresponding hyperplasia of connective tissue. This is the histological process involved in primary degeneration of the cord. The peripheral sensory nerves in any part of the body may undergo a similar degeneration.

Now, gentlemen, I will try to account, so far as it is possible in the present state of our knowledge, for the symptoms of the disease, taking the pathological changes as a basis. In the first place, one of the earliest and most constant symptoms of the disease is *pain*. The pain may occur in any part, from the head to the feet. In many cases—and it is true in the case of this patient—it consists of sharp, shooting, lightning-like pains, which are often mistaken for neuralgia. At other times the pains will be of a character resembling rheumatism. Sometimes the pains are of such severity that in extreme instances they have driven the patient to suicide in order to escape from the unendurable torment. In addition to the pains there may be other disturbances of sensation—formication, "like ants crawling over the parts;" creeping pains; burning pains, and almost any variety to which the human sensory system is subject. We can only account for these pains by supposing that they are due to molecular changes which take place in the process of degeneration of the sensory nerves. Temperature-sense may be lost in some cases, and the tactile sense in others. Loss of sensation—cutaneous anæsthesia—is common. Also, there is delayed conduction, so that the prick of a pin may not be felt for several seconds after the skin is pierced.

Among the symptoms belonging to the head, we often find a severe cephalalgia. There are, moreover, important eye symptoms. In about ten per centum of all cases there is atrophy of the optic nerve, which is simply another instance of degeneration of a peripheral sensory nerve, in this instance it being a nerve of special sense. Always examine with the ophthalmoscope your cases of tabes. The retina will appear grayish in color, which is due to destruction of the capillaries. In some cases the peripheral limitation of vision will have made considerable progress before the patient discovers that there is any defect. Of course, such a degeneration, if not arrested, must finally result in total blindness.

One of the prominent symptoms of this disease—though it occurs also in parietic dementia and in disseminated sclerosis—is the Argyll-Robertson pupil, which consists of a loss of contraction of the pupil to light, while the contraction to ac-

commodation still persists. This is an instance of the loss of a reflex act, for the contraction of the pupil to light is reflex, while contraction to accommodation is a voluntary act. This statement calls for some explanation.

When light strikes the retina, an impulse is conveyed along the optic nerve to the anterior pair of the quadrigeminate bodies, and thence to the centre for contraction, in the front part of the floor of the aqueduct of Sylvius, where a motor impulse is reflected along the third nerve to the circular fibres of the iris, causing pupillary contraction. A destruction of one link in the chain abolishes the reflex act. In this instance it is supposed to be due to degeneration of the centre for contraction, in the floor of the aqueduct.

On the other hand, when, by a voluntary act, we converge the eyes for near vision, by an "associated movement" the ciliary muscles are also brought into action, and the pupils contract. This occurs because there are nerve-fibres connecting the ciliary motor centre, in the hind part of the floor of the third ventricle, with the centre of the motor-oculi, in the front part of the floor of the Sylvian aqueduct. Thus it is that this power may be retained, while the reflex act is lost. In rare cases, the power of contraction for accommodation is also lost.

Another symptom belonging to the eye is a condition of *myosis*, permanent contraction of the pupils. There is also, sometimes, *ptosis*, and, even, paralysis of the external ocular muscles. When this occurs it forms an exception to the rule that only sensory nerves are affected in tabes. The motor paralysis is accounted for by the degeneration of the nerve-centres presiding over these muscles. The teeth of tabetic subjects sometimes undergo great decay; in extreme cases they drop out, from trophic changes which take place in the alveolar processes. There is sometimes spasm of the larynx, which much resembles *laryngismus stridulus*.

There is one important symptom belonging to the stomach; it is what is called the *gastric crisis*—a persistent, uncontrollable vomiting, sometimes accompanied by nausea and pain, sometimes not. It will persist for hours, or even days, and then cease, only to recur at some future time. The gastric crisis is supposed to be due to degeneration in the floor of the fourth ventricle in the region of origin of the pneumogastric nerve.

There are other *crises*, as they are termed. There will be a rectal crisis: severe pains in the rectum, tenesmus, and sensation as if there were a foreign body present. Sometimes there

will be occasional attacks of diarrhoea, considered to be the intestinal crisis of the disease, though usually there is obstinate constipation.

Belonging to the bladder, there will be retention of urine, but it is entirely different from that which occurs in paraplegia, where the bladder is paralyzed and unable to expel its contents. In this disease residual urine remains after each expulsive effort, because intelligence of its presence is not conveyed to the spinal cord, owing to impaired sensibility.

In the sexual apparatus symptoms of irritation will present themselves, manifested by *satyriasis*, and later, in almost all cases, there is complete impotence. This you know is another loss of a reflex act.

Among the trophic changes there are diseases of the joints, which have been so well described by Charcot. These joint changes consist of an erosion of the articular cartilages and wasting of the articular surfaces of the bones.

Among other trophic changes, there is the perforating ulcer of the foot, an indolent ulcer that resists all treatment, and sometimes makes amputation necessary. There are vaso-motor changes, revealed in cedema of the ankles.

I now come to consider a symptom of the disease which is the most important of all, because it is more constant than any other, and often determines the diagnosis—loss of the patellar-tendon reflex, or, as it is better to term it, the knee-jerk. In the case of this patient, the knee-jerk is absent, indicating that there is a break somewhere in the reflex arc.

While the knee-jerk is considered to be a reflex act, yet there are some who do not subscribe to the doctrine. There is a peculiarity in the production of the knee-jerk to which I will call your attention. As I produce it in this other patient, who is suffering from lateral spinal sclerosis, and in whom the knee-jerk is much exaggerated, you will notice that the action of the leg follows very quickly upon the stroke of the patellar-tendon. The space of time between the stroke and the jerk, is scarcely appreciable. Now, according to all the knowledge that we possess regarding the rate at which nervous impulses are transmitted along the course of nerves, it should require about twelve-hundredths of a second for this circuit to be made, and yet, as a matter of fact, it occurs in about two-hundredths of a second, making a difference of one-tenth of a second. And because of this one-tenth of a second the entire scientific world of medicine is in a state of suspense, uncertain whether or not to call the knee-jerk a reflex act.

Those who favor the view that it is not a reflex, attempt to account for it by supposing that there is in all muscles what they call a *muscle-tonus*, and that when the stroke is made upon the patellar-tendon there is, as it were, a sort of explosion of force in the quadratus-femoris muscle, and hence the prompt response. But the chief objection to this explanation is that it is based upon only a theory—a very unsubstantial foundation. Notwithstanding the seeming anomaly, as regards time, in the production of the knee-jerk, the weight of opinion is to-day in favor of its being a reflex act.

In attempting to elicit the knee-jerk, be careful to guard against all sources of error. If there is not a prompt response to the ordinary method, have the patient sit on a table with the legs over-hanging. Then have him hook his fingers together, and pull hard while you strike the patellar-tendon, a little to the inside of the knee. As the patient thus pulls on his fingers the knee-jerk is "re-enforced," and often reveals itself when other methods fail to develop it. If you should succeed in your efforts, then you need seek no further for signs of tabes, for of all symptoms, this is the one which is most conspicuous by its absence.

Tabes dorsalis is essentially a chronic disease, lasting sometimes for twenty or thirty years. In its course there may be numerous periods of remission and exacerbation, so that you are never certain whether or not apparent improvement is the result of your treatment. The fatal result—which comes in almost all cases—is due generally to some intercurrent malady, often some disease of the kidneys. Though the prognosis is so grave, yet a few recoveries have been known, and, this being so, every patient is entitled to have his case looked upon, and treated, as if it were to be the next which would show a favorable termination.

This is the disease in which nerve-stretching was at one time so widely practiced, but the results have not been such as to recommend it, and it has fallen into a deserved state of "innocuous desuetude."

Unfortunately, there is no established line of treatment for this disease. An anti-syphilitic treatment, consisting of the employment of Mercury and the Iodide of potash, has seemed to do good in some cases with a history of antecedent specific disease, but the results are very variable, and not to be depended upon. Dr. Richard Hughes reports the cure of a case, in its early stages, by the use of Belladonna. Zincum sulphuricum has some testi-

mony in its favor. Dr. Hughes speaks highly, also, of the virtues of Picric acid in controlling the symptoms of sexual irritation. Probably more uniform results have followed the use of Argentum nitricum than of any other one remedy, and this and Arsenicum should be given a trial in all cases. This patient, who has been suffering so severely from the gastric crisis received for several days Apomorphia, which at first seemed to give much relief, but later there was a renewed accession of the trouble.

I show you here three cases, all suffering from locomotor ataxia. This man presents a clear case, having many of the characteristic symptoms of the disease—muscular incoördination, absence of the knee-jerk, and the lightning-like pains.

This woman entered the hospital to be treated for what appeared to be rheumatism. But, proving to be unusually obstinate for a case of rheumatism, a more critical examination was made, and it was discovered that the knee-jerk was absent, that there was a very slight want of coördination, and that she was suffering from some of the sensory symptoms of tabes.

Here is still another woman, who came to the hospital with an attack of vomiting from which she had been unable to obtain relief. After entering the hospital we treated her with Ipecac, Iris, Tabacum, and various other remedies seemingly indicated, but all to no purpose. The vomiting, indeed, became worse, and finally bile and blood followed the more innocent ejecta that had preceded. Then it was that my suspicions first became aroused. I had the woman sit on the edge of the bed, and tested for the knee-jerk. It was absent. The uncontrollable vomiting, then, was the gastric crisis of a case of tabes. She also gave a history of severe lightning-like pains in the feet, especially in the great toes. Thus it became easy to make a positive diagnosis, which time has only served to confirm.

These two cases afford useful clinical lessons. Their histories teach you that in every case of supposed rheumatism, neuralgia, or vomiting—to which I might add various other symptoms—you should always test for the knee-jerk. If you find it to be absent, then look for other symptoms of locomotor ataxia, and often you will be able to make a clear diagnosis in a seemingly obscure case.

A morbid agent may produce widely different results, varying with the locality of its activity.
— Dr. Atkinson.

SOCIETY PROCEEDINGS.

CONGRESS OF AMERICAN PHYSICIANS
AND SURGEONS.*First Tri-ennial Meeting, held in Washington, D. C.,**Sept. 18-25, 1888.*

[The following excerpts of the Proceedings of the Congress are taken from the full report published by the *Medical Record*.—ED. ERA.]

I believe the localization of cortical centres of sensation to be still an open question.—*Dr. Starr.*

In a large number of cases of nasal surgery, dangerous blood-poisoning has resulted.—*Dr. Rice.*

The differential diagnosis of extra-uterine foetation is simply impossible, unless made inside the abdominal cavity.—*Dr. Price.*

The benefits of climatic treatment depend, first, upon choosing the proper climate, and, second, upon the proper regulation of the life.—*Dr. Platt.*

One of the difficulties of producing an aseptic atmosphere is, that what will destroy one micro-organism will not destroy another.—*Dr. Johnson.*

The large number of micro-organisms found in dwelling-houses would lead us to infer that infectious diseases are usually, if not always, contracted in dwelling-houses.—*Dr. Whittaker.*

A large percentage of laryngeal complications are not tuberculous, while in other cases tubercular infiltration appears in the larynx before the lungs are involved.—*Dr. Glasgow.*

Intubation had been done as a precautionary measure in many cases in which tracheotomy would not have been thought of. Some of the good results of intubation are to be attributed to this fact.—*Dr. Mudd.*

By senile coxitis I understand a rheumatoid affection of the hip-joint occurring in old people, and characterized by pain, stiffness, muscular spasm, and disability; one never showing a tendency to suppuration.—*Dr. Taylor.*

Renal disease prevails most where the heat for the greater part of the year might be called temperate. Change of climate in chronic Bright's disease is of great value, and is, perhaps, as important as in consumption.—*Dr. Wilson.*

The rate of consumption, especially scrofulous, among Indians is high and is increasing, which may be accounted for by the change of life among those who have given up their wild

life and are living on reservations. Scrofula is common among these people.—*Dr. Rice.*

The writer cited experiments on Indian, Chinese and civilized women, to show that costal respiration is not, as is generally supposed, peculiar to women, but is the result of the tight clothing worn by most civilized women. The normal respiration of women differs but little from that of men who lead sedentary lives.—*Dr. Martin.*

The aspirator should never be used in pelvic abscess unless for diagnosis. It is never curative. I believe in washing out with corrosive sublimate. I would hesitate to use a solution 1:1,000. In many cases it is not safe to wait till a distinct tumor is formed, and open into the vagina.—*Dr. Parrish.*

Our present knowledge justifies the statement that both the cæcum and appendix may be the starting-point of an inflammation spreading to the peritoneum or to the peritoneum and cellular tissue of the iliac fossa, constituting a complicated lesion which for convenience sake we may call "perityphlitis."—*Dr. Bull.*

To Dr. Mott belongs the credit of being the first to show that atrophy is a true active dystrophy and not a mere passive change. By cutting of the cauda equina he demonstrated an atrophy of the femur. The whole of its inner surface was lined with osteoclasts.—*Dr. Horsley.*

Impetigo, furunculosis, and sycosis have been found to be produced by the invasion of staphylococcus pyogenes aureus et albus. The differences in these diseases depending upon the depth to which the bacterium penetrates, and to the varying anatomical structure.—*Dr. Atkinson.*

In one thousand ovariectomies I left the second ovary in a number of women, and these women bore two hundred and twenty-eight children and only two of the women died. If these second ovaries had been removed these two hundred and twenty-eight children would not have been born.—*Sir Spencer Wells.*

The consensus of opinion, as expressed by the leading surgeons of New York City, within the past two or three years, is to the effect that the best possible results in elbow-joint injuries are obtained by perfect immobilization after the part has been placed in normal position.—*Dr. Gibney.*

In my opinion the presence of dark red, round, or irregularly shaped flat papules which show no tendency to become vesicles, justify

the diagnosis of a lichenoid eruption, but not of the disease lichen planus. For that diagnosis the clinical symptoms must correspond to those of undoubted cases.—*Dr. Robinson.*

In regard to the recurrence of epilepsy in operations performed for the relief of this affection, I consider that the recurrence is due to incomplete operation. In those cases in which I have removed not only the lesion, but the surrounding brain-substance for at least one centimetre, there has been no return.—*Dr. Ferrier.*

Hysterical symptoms occur in a great many cases of organic disease. But functional troubles are really due in great part to impairment of the nervous system. I saw a case of tremor lately, following mild lead-poisoning, where two or three applications of hypnotism removed the tremor.—*Dr. Zenner.*

So far no one has been able to show that the supposed bacillus of syphilis is the specific bacillus. That it is a specific disease cannot be doubted; that it is due to a microbe cannot be doubted, but to establish this positively, experimenters must do what Koch did before he announced the specific origin of tuberculosis.—*Dr. Senn.*

The question of what and how many brain-tumors are operable has been best answered by White. He found, in one hundred brain-tumors met with in the dead-room of Guy's Hospital, that only nine could have been removed—one tuberculous nodule, four sarcomas, two undetermined tumors, one cyst, and one myxoma.—*Dr. Park.*

The primary purpose of the drum-membrane is protection; transmission of sound waves is a secondary purpose, and made necessary by the existence of the protective membrane. The membrana tympani exists for the protection of the tissues of the middle ear from the desiccating influence of the atmosphere, and the rigidity that would therefrom ensue.—*Dr. Richey.*

It is sometimes hard to discriminate between malingering and actual suffering. People injured are followed up by runners for lawyers and by them impressed with the dangerous nature of their injuries. Then the slow processes of law force them to remain in a condition of ill-health. They cannot afford to get well for fear of a suit for conspiracy. This develops in the patients a psychical condition worse than hysteria.—*Dr. Gray.*

Laparotomy in peritonitis is the only justifiable treatment in the puerperal form, and especially in peritonitis after perforation of in-

testine; it is almost sure to be followed by the recovery of the patient. In tubercular peritonitis it is especially successful. Seeing that the only alternative is death, I think the operation should in all cases be tried.—*Dr. Montgomery.*

I have gone over the brain to find what parts are accessible to surgical interference. We are able to strip up the longitudinal and lateral sinuses to a considerable extent. The dura mater may be separated for a considerable distance from the bone. I have been able to raise up the frontal lobes so as to see the anterior clinoid processes, and to feel the foramen magnum.—*Dr. Weir.*

Clinically flat-foot is an affection which, in the majority of cases, occurs independent of local or constitutional disease. The direct cause is overweight or overwork for feet subjected to mechanical disadvantages. Being essentially a dislocation, it should be treated as other dislocations, by reposition and retention in the normal position until by exercise and avoidance of faulty position the muscles may regain their normal strength.—*Dr. Whitman.*

Surgical interference is not justifiable and should not be instituted in cases of typhoid fever, in which perforation occurs when the infection process is at its height. In mild cases of the disease in which the pyrexia has not been of high grade, and in which perforation occurs at the end of the third week, or later, when the stage of convalescence is fully pronounced, laparotomy may be performed.—*Dr. Bull.*

We must, as it seems to me, regard Bright's disease as a constitutional disease, in which the repair and waste in all the tissues of the body are imperfectly carried on, and in one way or another the kidney changes are expressive of other visceral and arterial changes, which, combined with the kidney lesion, make up the clinical and pathological history of the disease.—*Dr. Loomis.*

In disseminated forms of tuberculosis the climatic treatment is often of benefit. No one climate is beneficial to all cases; some improve most on the seashore, others most in the mountains. Sunshine, however, is always beneficial, and over-crowding should be avoided. Sunshine, plenty of fresh air, and purity of the atmosphere, are the important elements in climate for the treatment of phthisical cases.—*Dr. Bruen.*

Many cutaneous affections are thus seen to have a varying etiology, and the dependence of skin-lesions upon disease of the central nervous

system and of the viscera is abundantly evident; but until pathology discovers whether the influences are constant and what is their exact nature, we cannot expect that diseases will be considered so much what they are, as what they appear to be.—*Dr. Atkinson.*

Patients often present themselves for treatment for headaches, occipital in character or often like real migraine. These and other paræsthesias of the head are often attributable to uræmia in a pre-albuminuric stage of Bright's disease. In such cases there is, as a rule, increased arterial tension and active heart. Casts are often discernible in the urine, but albumin rarely. There are generally symptoms of indigestion.—*Dr. Seguin.*

In puerperal eclampsia, he advocated strongly the immediate induction of premature labor so as to take the pressure off the renal veins, which causes uræmia, which in turn causes the damage to the brain. As soon as we know that the urine is loaded with albumin, he thought that further delay was dangerous. We ought not to wait until the last, when even a breath of air would bring on a convulsion, but start at the beginning, when interference is without danger.—*Dr. Lapthorn Smith.*

The most common cause of pelvic abscess is pyosalpinx, as held by Lawson Tait; or even the forcing of catarrhal secretion out of the distant end of the Fallopian tube into the peritoneal cavity. He cited several cases where it had been undiagnosed for years, and where on opening the abdomen he had found large abscesses. Symptoms: Fever, emaciation, rigors and night-sweats. The aspirator will often make the diagnosis certain. Prognosis is good, provided it is not tubercular. The pus must be evacuated and the abscess-cavity kept clean. In pyosalpinx the abdomen must be opened.—*Dr. Cushing.*

Rickets, although a constitutional disease, dependent upon mal-assimilation and mal-nutrition, yet exhibits its worst phases in deformities of the bones. The deformities are due to the relative preponderance of organic tissues in the bones, and the failure of the formative cartilage cells to produce true osseous cells. During this stage of softening many portions of the skeleton become disturbed, and when earthy salts are again deposited sclerosis results, and the faulty portions are permanently fixed. Anterior tibial curves are among the most frequent.—*Dr. Willard.*

The influence of the use of the telephone on hearing power I believe to be bad, because the very low intensity of the sounds, as demonstrated by experiments, necessitates a very fatiguing effort on the part of the ear, which places it in a condition in which it is especially liable to injury from the shocks of the metallic sounds of high intensity liable to be heard at any time through making or breaking the circuit.—*Dr. Blake.*

One case of goitre treated by electrolysis is reported in which the tumor not only grew smaller during the treatment but continued to do so after its cessation, until it has now practically disappeared. The author's experience with electrolysis in fibromata, vascular nævi, and epithelial and papillary neoplasms strongly corroborates that of others. He is led to ascribe this continued effect to a modification of vital activity impressed upon the tissues by the electrolytic current.—*Dr. Atkinson.*

My experience is that there are present in the nose, heat, moisture, foreign matter, extract from air containing numberless germs, and, in fact, every condition to favor decomposition and the infection of any cut surface. Tissues, in swelling after operating, block up the nose, interfering with drainage and enclosing small fragments of soft or bony tissue that are almost certain to decompose; tissue also partly severed and still hanging to wound; excessive bleeding also tempts one to pack the nostril, which, along with use of Persulphate of iron is almost certain to show septic symptoms in from eight to twenty-four hours.—*Dr. Rice.*

The author read an excellent paper descriptive of a new and safe method of overcoming laryngeal obstruction. The ingenious instrument he presented is so designed as to render most of these unfortunate complications impossible, while operating with greater ease and rapidity. Thin silver blades are introduced through the crico-thyroid membrane and passed between the vocal cords. These are separated by pressing together the two short external extremities, which are at right-angles to the rest of the blade and united to each other by a hinge where they rest in the wound. Pressing the outer-ends together separates the inner blades between the vocal cords.—*Dr. Holden.*

In the use of plaster-of-Paris dressings for the knee my experience is that the better the fit secured by the plaster dressing, and the longer kept uninterruptedly applied, the greater was

the disappointment at not finding the expected anchylosis; in other words, the range of motion was increased by the prolonged fixation. Whatever anchylosis occurs in a joint which has been subjected to immobilization occurs by reason not of immobilization but of the nature and intensity of the inflammation, and of the inefficiency of the apparatus employed.—*Dr. Gibney.*

In cerebral surgery we practice simply the ordinary rules of surgery. In cutting out the bone, a one-inch trephine should be first used to determine the thickness of the skull. The surgical engine may then be used to cut almost through the portion of bone to be removed. The bone may then be removed with strong forceps. The dura mater should be first separated. If nothing is found and the operation is an exploratory one, the dura mater should be opened. If we propose to use faradism for the recognition of certain areas, it is important that the ordinary antiseptic solutions should not be applied to the brain, for they tend to prevent the response to the electric current.—*Dr. Ferrier.*

The nucleated red corpuscle of the marrow in the adult is derived from a colorless nucleated cell found in the marrow, and shows the same characteristics, with the exception that it contains no hæmoglobin. This cell multiplies by direct division, and hæmoglobin becomes developed in the cell-substance of its offspring, forming thus the nucleated red corpuscle. These are also capable of reduplication by indirect division as long as the nucleus shows a reticular structure, but when this is lost, and the nucleus stains deeply and uniformly with methyl green, it is no longer capable of karyokinesis. Its nucleus is then excluded, and there is left a non-nucleated red corpuscle, which later becomes a bi-concave red corpuscle of the circulation.—*Dr. Howell.*

The author believed that in the unsatisfactory state of the treatment of Pott's disease, it would be well to judge of the efficiency of mechanical treatment by the impression made by the apparatus on the skin covering the projection. He thought the object of treatment was threefold: to fix the diseased bones, to transfer pressure from the bodies to the processes, and to reduce the deformity. If the skin near the summit of the projection becomes thickened and callous, which it does without discomfort if the pressure is carefully increased from time to time, it is to be considered that the apparatus is acting as it ought to, and when the greatest pressure is made compatible with the integrity and comfort of the skin, the apparatus has reached the limit of its efficiency.—*Dr. Judson.*



HASCHISCH.

BY THOROLD KING.

CHAPTER III.

AFTER FIVE YEARS.

IT was early in November. "The Belmont" had its full quota of guests, and its inmates had settled down to their old-time routine. One evening, shortly before dusk, a servant-maid entered one of its handsomely-furnished apartments, ushering in a gentleman with the words: "This way, if you please, sir. What name shall I give, sir?"

"You may deliver this," said he, extending toward her a card.

But, instead of depositing the card on the silver tray which the girl held toward him, he quickly returned it to his pocket, and added: "No, stop a moment! Tell your mistress that a gentleman whom she has long been expecting, wishes to see her. Do you understand?"

"Yes, sir," replied the girl, as she departed on her errand.

Quickly turning, the young man's glance swept the room, and paused only when it lighted on a portrait of Mr. Hardy, which hung above the mantel. Stepping before it, he regarded it long and earnestly. He stood erect, his hands clasped before him, with fingers tightly interlocked, while their occasionally increased pressure, accompanied by a long-drawn sigh, gave evidence that he was stirred by deep emotion.

He was a little above medium height, with a fully-rounded, muscular form. The lower part of his face was hidden by a full beard, and even his lips were shut from view by a heavy, overhanging mustache. His head was set on broad shoulders, and his deep chest indicated robust health, the possession of which his swarthy complexion helped to confirm.

For several minutes he stood before the picture; then, with a sigh, he left it, crossed to a window and looked out. Suddenly, on hearing approaching footsteps, he turned and glanced toward the door.

At this moment a young girl entered, clad in hat and ulster, having evidently come from the street. A roll of music which she carried in her hand she tossed lightly upon a sofa. Humming softly to herself, she proceeded to draw off her gloves, when, glancing up, she discovered that she was not alone.

"O, pardon me! I was not aware a stranger was present!" she exclaimed, and turned to withdraw.

"Helene! Don't you remember me?" cried the other, advancing toward her.

The girl drew back, and for an instant gazed at him intently; then, rushing to him, in her surprise she could scarcely articulate.

"O, Austin, is it you? I am so glad! We have all been longing for you — it was so hard with you away! And — and —" but her voice broke with emotion, and she could say no more.

For a moment Austin himself was silent, and his own eyes filled with tears. But soon regaining his composure sufficiently to speak, he said tenderly:

"I know, dear, how hard it must have been, and I have so longed to be with you — with you all. And my poor mother, how is she? How does she bear it?"

"O, better than we dared hope, at one time. And she, too, is so longing to see you! But we did not expect you to-day — if we had, we should certainly have been at the boat."

"Yes, I know you would! But that is my fault — I made an earlier start — I was so anxious to reach home! Will mother be here soon, do you think?"

"Yes, but all the sooner if she knows it is you! I will go and find her at once."

"But I have already sent a message by the maid."

"O, she will never find her! Let me go — I shall not be long."

"But you will return, too?"

"Yes, presently, after mother has had a short visit with you."

And so saying, Helene turned to leave the room. As she did so, a figure appeared in the door-way through which she was about to make her exit. It was that of a man of about Austin's age, but as unlike him as it was possible for another to be. He was slightly taller, but his thin and spare-built frame gave him the appearance of greater height than he really possessed. His eyes were small, piercing and restless — of no determinate color, but, chameleon-like, appeared to change in different lights. They were

surmounted by a pair of heavy eye-brows which the flexibility of his features permitted him to draw down so as almost to hide his eyes from view, or to raise high on his forehead. The former position was the one which they habitually assumed. His temples were hollow, his cheek-bones high, his nose narrow, and his chin sharp. He was clean-shaven, with the exception of a narrow line of mustache whose tightly-twisted ends showed the action of nervous fingers. His lips defined a mouth which would have been his only redeeming feature had it not been wanting in that breadth which goes with a generous nature.

As the stranger displayed no disposition to retire when his presence was observed, Helene, half-turning, said:

"Mr. Hardy will doubtless be pleased to meet one who comes from the same part of the world which has so long been his home. Mr. Hardy, this is Mr. Arnold, of Cape Town," she concluded, as she quickly left the room.

The person who was introduced under this name, advanced with a tread which was like that of the panther tribe — the ball of the foot was first extended in an exploratory manner, as though searching for a convenient spot upon which to plant itself. This found, the heel was then permitted to touch the ground, and the weight of the body was slowly shifted from the foot in the rear to the one newly-planted, with an air of security which the previous deliberation seemed to justify.

Austin, who was about to extend his hand, on hearing the stranger's name pronounced, started back in surprise.

"What! Philip Arnold of Cape Town?" he exclaimed.

The other now showed as great astonishment as Austin displayed, and he, too, involuntarily started back.

"You have the advantage of me, sir!" said he.

"I knew that you were somewhere in this part of the world," continued Austin, as though the other had not spoken, "but I never expected to find you under this roof!"

"May I ask, sir, why you take such a lively interest in my whereabouts?"

Now for the first time seeming to talk to Arnold, and not to apostrophize, Austin spoke in more direct and lower tones.

"I do so because I have a mission to perform."

"I know of no reason why I should be interested in your missions, sir."

"Possibly; but there is reason for my taking an interest in yours."

"A matter which gives me little concern."

"Philip Arnold," said Austin, earnestly, "it is useless for us to spar in empty words. We shall soon be interrupted, and this interview must terminate, but I desire that it shall be resumed at the earliest possible moment."

"An honor which I must beg leave to decline until I am informed of its necessity," said Arnold, with an appearance of indifference which was only belied by a nervous twitching of his long fingers.

"You can quickly hear all that I have to say," said Austin, speaking rapidly and incisively. "Listen! One year ago, in South Africa, Horace Crane, formerly of this city, died and left an only child—a little girl of six years. You, as his legal adviser and his trusted friend, administered his estate, which, in passing through your hands, in some way dwindled to an insignificant sum, and his child was left almost penniless. A small amount of real-estate which he had in this country you are here to administer, but valuable securities which he was supposed to possess, disappeared at the time of his death. Search for these papers has been unavailing, and was long ago abandoned."

During this rapid recital Arnold stood almost transfixed. What emotion he may have felt was carefully concealed; even his fingers had stopped their nervous twitching, for their ends were now tightly pressed into his palms. When he again spoke, it was in a voice which showed that its owner had taken many lessons in the art of self-control.

"And how does that concern me?"

"Those securities are still in existence."

"If you know that, why do you not produce them?"

"Because there is but one man in the world who knows where they are secreted—"

"And that man—"

"Is yourself!"

"It is false!" hissed Arnold, now for the first time permitting his agitation to come to the surface.

"That it is not false, I am prepared to convince you."

"But I decline to hold any further intercourse with you, sir," said Arnold, drawing toward the door.

"Hark!" exclaimed Austin, advancing a step. "Someone comes. You must go, but I desire you to meet me in this room again to-night, after all others have retired. I shall be here; you may do as you think best.

With gliding step the one passed out at the open door, while the other turned, crossed the room, and again gazed out of the window upon the street below.

CHAPTER IV.

A MAN OF ACTION.

AUSTIN HARDY belonged to the world of action. He had made some failures in the course of his life, but they were few compared to the number and magnitude of his successes. Though still young, yet the opportunity which a new country affords had enabled him to accomplish more than most men do, even after long lives of toil. Although to others his actions might at times appear to be hasty, yet every undertaking was preceded by a period of calm deliberation. But, once having determined upon a course, he then pursued it with a directness of purpose which commanded success in spite of all obstacles which might oppose. He was fearless, courageous, and once convinced that he was right, accomplished his object by direct force where others might resort to diplomacy—a word of whose meaning he was ignorant. He never used a bent pin when there were a dozen straight ones in the cushion.

This was his method in business, and it was his method in all other relations of life. He hated wrong, and would fight for the right, if he had it to do, according to this same principle of action.

Austin had stood at the window but a few moments when the servant who first ushered him appeared at the door.

"Mrs. Hardy is here, sir," said the girl.

Austin turned quickly. A rustle of drapery, a quick step, and mother and son were clasped in each other's arms.

Let us leave them during the moments of their first greeting—leave them to ask and to answer the thousand questions which are to bridge the gap of their long separation. The story of the sickness and death of husband and father must be recounted in broken voice, and the weary hours passed since then told with many sighs. Thus the stream of life which diverged years before, comes together again like a river parted by an island.

"How long the time seems, Austin, since you left us, five years ago!" exclaimed Mrs. Hardy.

"Yes, five long years!" repeated Austin. "But I have been so lonesome—so entirely without friends—that it has seemed even longer

than that! I have often wished that Kenneth were with me."

"O, to that I could never have consented!"

"No—and though I should have enjoyed immensely having him with me, I never expected it," replied Austin.

"It was hard enough, in your absence," continued Mrs. Hardy, "to let him go even as far as Paris, and I consented only because his health seemed to demand the change."

"I am so glad to know that he is fully restored!"

"Yes; his residence abroad has worked wonders for him! But for the pictures which you have seen, you would scarcely recognize him."

"I wish that I might have an opportunity to try," said Austin. "He has not yet learned of my arrival, has he?"

"No, not yet, or he would have been here before this time. He will soon come, however," said Mrs. Hardy, glancing at her watch, "for I sent a message to him before I came in."

"Helene I have already seen," continued Austin. "How beautiful a woman she has grown to be! But where is cousin Dora? She has not left you, I hope?"

"O, no! Although she is now of age, and has control of her own property, she still prefers making this her home. She is out for the day, but will return before dark. You know that we had no warning of your coming."

"That was entirely my own fault," said Austin, "for not having cabled you from London."

"And you must have left the Cape much sooner than you expected?"

"Yes, I did. And on the voyage I took advantage of every opportunity to gain a day, for I was impatient of delay."

"And you will not leave me again, I hope?"

"Only temporarily! You know that for several years I have contemplated returning to New York to engage in business, and I had already begun negotiations for the sale of my interest in the mine a month before receiving the news of father's death. With the exception of one matter—which can receive attention at some future time—I completed the sale as hastily as possible, and at once set out for home, where I now expect to remain."

The mother did not reply, but her satisfaction expressed itself in a gentle pressure of the hand which clasped her own.

"You have written me so often of late," she said, after a short pause, "of something you intended confiding to me as soon as we should meet."

"Yes, something that I preferred to tell rather than to write. Have you never suspected what it is?" asked Austin, full of his own consciousness of the subject.

"No. Why should I? You have never given me the slightest hint."

"That is true, and I should not have expected it. But I shall not be long in telling you," he began.

"Listen!" suddenly exclaimed Mrs. Hardy. "Someone comes. It must be your brother."

At this moment Kenneth hastily entered, as Austin sprang to his feet. Then each drew back a step and glanced into the other's eyes, when, without a word, the distance between them vanished and they embraced—not as girls embrace, but awkwardly, as men do, chest to chest, with arms obliquely crossed.

When their first greetings were over they seated themselves, and the three had much to say to each other.

While there was some family likeness between these brothers, with that the resemblance ceased, and further comparison would be a matter of contrasts. Kenneth was of medium stature and of nervous organization, though with just enough of the sanguine in his temperament to rescue his features from being too sharp, and his disposition from being too angular. His hair was dark and curly, his complexion clear and florid. He, too, was bearded, though not so heavily as his brother. His nervous organization made him quick and vivacious in manner, though the sanguine element permitted that repose which goes with a hopeful disposition. Unlike his brother, who was more practical, Kenneth was full of sentiment. Yet, while his mind ran rather to the abstract, still, in all that he did he was so methodical that none of his energies were lost, and thus he accomplished more than would be expected of one of his nature.

Above all, Kenneth was quick to the point of impetuosity. Like a woman, he arrived at conclusions by that process of rapid reasoning called intuition. And, as a rule, his intuitions were correct. But, as reasoning is sometimes false, through fault of premise or of process, so intuitions may now and then be wrong. When he was right, however, his quick decision and rapid action gave him an impetus which soon placed him many steps in advance. On the other hand, when he was wrong, his impetuosity precipitated disaster so suddenly that he was never able to escape the crash which followed. But on such occasions his ingenuity would soon

come to his rescue, and enable him to recover lost ground by the adoption of new expedients, with which he seemed to be ever ready.

The conversation in which mother and sons were engaged had taken a practical turn.

"You understood that after your father's death," Mrs. Hardy was saying, "I decided to make no attempt to keep this immense house myself, and therefore I leased it to Mr. Howard, who for more than three years had been its manager. I reserved only this suite of rooms for ourselves; but, as we now have company, you shall have a room in the hall-way above."

"Company?" asked Austin.

"Yes. Helene's former school-mate, Madge Irving, is making her home with us while her father is in Mexico, where he will be detained for another year. And Gordon Wright, who used to live here, is back on a visit as Kenneth's guest."

"Is that the Wright who was in the engineer service?"

"Yes. It was he who first suggested that his profession would be a good one for Kenneth to adopt. But he is out of business now, and almost distracted over the misfortune which led to the loss of his position."

"Why!—is it so serious?" asked Austin.

"Yes, it is very serious, indeed!" spoke up Kenneth. "On the completion of the New York and Chicago Railway, in the construction of which he was engaged, he accepted a position in the company's service, and became one of its most efficient officers. But one day last winter, on leaving his office to go to lunch, he failed to close the door of the safe, and in his absence a sneak-thief, as is supposed, entered and abstracted a package containing twenty thousand dollars in bank-notes. Poor Gordon, who returned in less than thirty minutes, was almost wild when the loss was reported to him."

"And has no clue to the thief ever been found," asked Austin.

"None whatever! Diligent search was made, and descriptions of some of the bills—which were new, and their numbers known—were advertised far and wide, but without result."

"But they do not suspect him, do they?"

"O, no!" was the quick reply. "But since the loss was the result of his carelessness, the company felt called upon to demand his resignation."

"Poor fellow!" exclaimed Austin. "I do not wonder that he is distressed!"

"He might be reinstated in his former position," continued Kenneth, "if he could make

good the loss, but this he will never be able to do. He has become extremely melancholy over the matter, and almost a monomaniac on the subject of large sums of money. Mr. Arnold says that he never knew anyone to be so strangely affected."

"And what makes the affair doubly sad," broke in Mrs. Hardy, "is that he is engaged to Madge, and they were to have been married as soon as her father returns. The marriage, however, is now indefinitely postponed—he fears, forever, although she refuses to share this gloomy view."

"Just like a woman!" exclaimed Austin. Then turning to his brother, he asked: "What Mr. Arnold is it of whom you speak, Kenneth?"

"O, it is a Mr. Philip Arnold, of Cape Town," answered Kenneth. "He came to the city last December, and has been stopping here ever since. Having lived in South Africa, we had hoped that he might be able to tell us something of you, but he says that he never met you, and had not even heard your name. Do you know him?"

"I never met him there," replied Austin, "for in the last four years all my time has been spent up at the mines, while he was at the Town, it seems."

"Yes, he practiced law there for several years."

"Does he intend remaining here much longer, do you know?"

"He said but yesterday," answered Kenneth, "that the business which had brought him—some legal affair in connection with the settlement of an estate—was almost concluded, and that he may leave at any moment."

Again the conversation turned to the subject of Austin's experience in diamond mining, and an appointment was made for the evening, when all were to be asked to meet him, and to see some rich specimens which he had brought with him.

The three now separated to dress for dinner, and Kenneth conducted his brother to his room. Before leaving each other the two brothers entered into further conversation, Kenneth the while sitting by and watching Austin as he extracted articles necessary to his toilet from a much disordered valise. Kenneth was trying to accustom his eyes to his brother's altered appearance. He did not realize that time had wrought as great a change in himself. We never do. Others may grow old, but eternal youth is ours!

OPINIONS EXPRESSED.

I do not believe in the old saying that a sick pregnancy is a safe one. — *Dr. Graily Hewitt.*

The best specialists are those who for many years have been general practitioners. — *Dr. Vander Veer.*

In my opinion, the disease from which the Emperor Frederick III. died was cancer. — *Sir Morell Mackenzie.*

A morbid agent may produce widely different results, varying with the locality of its activity. — *Dr. I. E. Atkinson.*

At the present day there is no physiological ground for believing that the healthy kidney secretes albumin at all. — *Dr. Pye-Smith.*

Many pelvic abscesses—four out of five—occurring within a year or two after delivery, are due to salpingitis or ovaritis. — *Dr. W. Gill Wylie.*

The physician should watch every patient in confinement until the third stage is ended, and the uterus found to be well contracted. — *Dr. T. G. Comstock.*

The operative surgery of our time has annulled pain, arrested hemorrhage, averted septic absorption, but it has not prevented shock. — *Dr. D. W. Cheever.*

Certain it is that disease of the heart is more common than formerly, or, that physicians failed to recognize the malady when it existed. — *Dr. J. W. Dowling.*

In the study of *materia medica* the best progress is made by the philosopher and not by the memorizer, who exercises a humbler mental attribute. — *Dr. A. L. Monroe.*

No one has the right to dogmatize in medicine, which is still an inexact science, in which nearly every fact is open to more than one interpretation. — *Sir Morell Mackenzie.*

In advanced life the mind retains its vigor after the decline of the body has begun. Therefore, if the body be properly taken care of, much mental work of a high order may be done. — *Dr. A. L. Loomis.*

It seems to me that the effects of phimosis in the male are analogous to those resulting from lacerated cervix in the female, and, like them, are manifested by certain reflex nervous disturbances. — *Dr. Sidney F. Wilcox.*

The determination of the functions of the brain will in time lead to the successful treatment by surgery of some of the most distressing ailments of mankind. There is a great future for cerebral surgery. — *Dr. David Ferrier.*

Doctrines and practices in favor to-day, may be modified or superseded to-morrow. The lapse of five years takes the bloom off the best text-books, and in ten years they are discarded or have to be rewritten. — *Dr. W. H. Taylor.*

It is no longer justifiable to describe lupus as lupus. Dermatologists must drop the name and call it by what it is—a localized tuberculosis of the skin. The identity of lupus with tuberculosis has been definitely established. — *Dr. Senn.*

The timidity with which the surgeon formerly approached the abdominal cavity was remarkable; the boldness with which we now attack the lesions of this cavity is almost appalling, but the success is correspondingly gratifying. — *Dr. W. W. Keen.*

I believe the time will come when the physician who neglects to take proper precautions to prevent the infection of healthy persons by consumptives will be considered as guilty as one who exposes his patient to small-pox without vaccination. — *Dr. A. H. Smith.*

There is more apathy than there should be about the ravages of pulmonary consumption, which are more formidable than even the epidemics of the middle ages, and we should take proper precautions against the spread of the disease. — *Dr. C. M. Wilson.*

The profession is divided into two classes—those who know how to use pessaries, and those who do not. He who always throws pessaries aside should not be allowed to practice. One who does not know how to use them, should be shunned. — *Dr. T. Gaillard Thomas.*

No one operation in surgery is applicable to all cases. When we hear a man say that he treats all his cases of fracture in such-a-way, all his cases of stone in such-a-way, and all his cases of prostatic disease in such-a-way, we may be sure that he is a man of very limited experience, or of very limited resources. — *Dr. Arthur Durham.*

Laparotomy is done too often, and with insufficient grounds, but this is no reason why the operation should be condemned. Through all history all advances have had unworthy advocates. Vaccination, anæsthesia, and ovariectomy have been subjected to great animadversions and misrepresentations, and yet have prevailed. Thus it shall be with laparotomy. — *Dr. W. H. Taylor.*

Mackenzie, with his vast experience, could never have doubted the diagnosis of cancer. If he behaved in such a way as to imply that he

had some doubt in the matter, that could only be owing to outside pressure or motives of humanity. The known want of fallibility in medical diagnosis is almost the sole ray of hope to unfortunate incurables. Falsehood in such cases becomes a moral act. — *Billroth.*

Patients would often fare better if, in place of rushing off to a specialist when some particular organ is manifestly affected, they would confide themselves to the care of a good all-around general practitioner, who would not concentrate all his attention on one organ, but would take into consideration the whole morbid state of which the local disease is only a partial manifestation. — *Dr. R. E. Dudgeon.*

Ergot and the forceps in natural labor are, no doubt, too frequently resorted to by the practitioner, for the sole purpose of hurrying a natural parturition. The opprobrium conveyed in the vile designation "meddlesome midwifery" is often justly earned by practitioners whose hurry to get away from a case leads to the untimely and uncalled-for use of this, the most valuable instrument in the obstetrician's armamentarium. — *Dr. Wm. C. Richardson.*

The enviable position which homœopathy has attained, its elevation in the estimation of many of the old school, from quackery to a recognized system of medicine, and Hahnemann from a quack to a great reformer, has not, in my opinion, been accomplished by controversy, vituperation or dogmatism. Knowledge is the power which has and will accomplish the wider dissemination of the law of cure, and will maintain it when established. — *Dr. Wm. Tod Helmuth.*

A distinguished professor of physiology in a German university asked me, not long ago: "What becomes of the young men from your country who work in our medical laboratories? While here they do good work and show an aptitude and capacity for scientific investigation, certainly not less than our native students. But after their return to America we hear no more of them." I was obliged to explain to him that the facilities and encouragement for carrying on scientific investigations in the medical institutions of this country are in general very meager, and that one great impetus to such work is almost wholly lacking here, namely, the assurance, or even likelihood, that good scientific work will pave the way to an academic career. "When America does wake up to the necessity of these things," he replied, "then let Europe look to its laurels." — *Prof. Wm. H. Welch.*

WORTH KNOWING.

Rectal injections of the vapor of ether in lead colic, have proved very satisfactory, calming the spasmodic state and rendering the action of purgatives less irritating. A case is mentioned in which the vapor of fifteen grains of ether sufficed to produce such results.

Dr. Underwood, the customs medical officer at Kiu-Kiang, attributes the comparative immunity of the Chinese in that region from typhoid fever—notwithstanding that most of the factors favoring the disease are present in abundance—to the fact that "cold, unboiled water is rarely or never used when tea can be had." The explanation is simple: A boiling temperature destroys the typhoid poison.

Having investigated sixty-three cases of excessive use of tobacco, Decaisne finds forty-nine to be over 50 years of age. In thirty-seven cases the smokers pursued the habit fasting, and in these vertigo was present, especially in the morning. Sometimes the vertiginous symptoms have been confounded with those due to cerebral congestion, and even to heart disease. Injections of ether subcutaneously appeared to stop the vertigo in a few minutes.

Physicians agree that the poison conveyed by human teeth is one of the most annoying that they have to deal with. One of them writes to the *Medical Register*: "I have under my attention severe and most complicated cases of blood poisoning, in which the patient had but slightly abraded the hand in the course of a fight by striking the knuckles against the teeth of his opponent. I have known hands thus poisoned only saved from amputation by the application of all the resources of science."

Caffeism.—*Dr. Guelliot* has published twenty-three cases of chronic caffeism. Of these cases seventeen were women.

He gives as the characteristics of caffeism: anorexia, disturbance of sleep, trembling of the lips and tongue, attacks of gastralgia, different kinds of neuralgia, dyspepsia, and leucorrhœa, often profuse. In the twenty-three cases, he found in eighteen anorexia; in sixteen, disturbance of sleep; in sixteen, trembling of the lips and tongue; in twelve, leucorrhœa; in eleven, gastralgia; in ten, dyspepsia; in ten, neuralgia of various forms; in eight, cephalalgia; in four, vertigo and convulsive attacks; in four, obstinate constipation; and in three, constipation and diarrhœa alternating.

TRANSLATIONS.

Made expressly for THE MEDICAL ERA.

The persistence of the virus of hydrophobia in cadavers has been experimentally proved by Galtier, for he succeeded in inoculating healthy animals with the brain substance of a rabid dog, which had been buried for several weeks, and producing hydrophobia in the course of fourteen days.—*Journ. de Pharm. et de Chim.*

Iodoform-wicking affords better drainage than the strips of iodoform-gauze. This can be proved experimentally, and practical experience confirms it. Among other uses, it is recommended in tamponing the uterine cavity after enucleation of fibroids, and also in endometritis. In order to introduce it into the cavity of the uterus a pair of forceps is used, the blades of which are smooth, bent at the end, and running conically to a point from handle to extremity.—*Schmidt's Jahrbücher.*

Neuroplastic.—In the course of an operation for necrosis of the humerus, Landerer divided the radial nerve. A complete paralysis of the parts supplied by this nerve followed. Some time afterwards Landerer proceeded to a further operation in order to re-unite the ends of the severed nerve, but found that they could not be brought together. He placed between the severed ends a piece of fresh rabbit-nerve, secured it in place by sutures, and closed the wound. In a comparatively short time the conductivity of the nerve could be demonstrated, and finally reached a very satisfactory degree. Landerer is of the opinion that the piece of interposed rabbit-nerve became united to the severed ends of the radial in a relatively short time, and assumed the functions of the original nerve.—*Schmidt's Jahrbücher, 1888.*

Helleborein as a local anæsthetic has been found by Vittario and Elvidio to be very efficacious. Of an aqueous solution containing in each drop 0.0005 g. of this glycoside, three to four drops injected into the conjunctival sac of a rabbit or dog are sufficient to produce, after ten minutes, complete anæsthesia of the cornea, lasting about half an hour, while the surrounding parts remain perfectly sensitive. Even if helleborein is somewhat to be preferred to cocaine, yet its frequent employment, according to the opinion of the authors, would be prevented by its extremely poisonous character. Lasting changes and disagreeable secondary effects, as irritation of the eye, which are to be feared in the use of erythrophlæin, have not yet been observed in the employment of helleborein.—*Annali di Chim. e. Farmacol. Marzo, 1888, 159.*

Destruction of the Teeth in Clarionet-players.—Dr. P. Reformatskij has had opportunity to examine musicians in the Russian army to demonstrate that clarionet-playing has a decided influence on the destruction of the middle incisor teeth of the upper jaw. First the enamel is rubbed off, then the dentine and finally a typical process of caries of the teeth appears, which sometimes leads to the teeth falling out. A distinct thickening of the mucous membrane, sometimes with traumatic changes, may be noticed upon the upper lip. The development of the morbid process is the more rapid the higher the tones of the instrument are.—*Wratsch, St. Petersburg, XXXI.*

Poisoning by Illuminating Gas.—Bruneau gives a monograph on poisoning by illuminating gas. The poisonous constituents of illuminating gas are: 1. CO, which forms 5 to 13 per cent of illuminating gas; 2. as a result of Bruneau's own earlier investigations, propylene. The remaining constituents, hydro-carbons, have shown themselves innocuous. The most frequent and dangerous mode of penetration of gas into the living-rooms is that from the main in the street. In the bursting of a gas-pipe large quantities of gas penetrate into the earth, extending great distances, passing up into the ground-floor of the house, which has been proved by numerous examples. This danger is therefore so great because the gas becomes odorless by its infiltration through the earth, and thus its entrance into the rooms is not noticeable. It is only in winter that the gas gains entrance into the houses in this manner, as the surface is frozen and the heat attracts the gas out of the earth.

The symptoms of poisoning by illuminating gas are the same as those of carbon-monoxide; therefore the diagnosis, the medico-legal proofs and the therapeutics are the same. As prophylaxis, care should be taken to lay the pipes in proper places. Although to the present time, with the best of gas-fitting, seven per cent and over of gas is lost in the ground. Of importance are the positions of the syphons, in order that the water which collects in the pipes may be pumped out. A simple syphon-tube opening freely into the ground should not be attached to the pipe, for in case it does not contain water the gas pours out freely. On the contrary, the syphon-tube must lead into an airtight vessel from which a pump-tube ought to open on the free surface of the ground. Also in lighting the gas in the houses certain precautions must be taken, which every gas company should furnish.—*Ann. de Hyg. XVIII, 8.*

DIETETICS.

Sick Headache.—The headache of indigestion, accompanied by scotoma, or scintillations and dazzlings of light before the eyes, is always due to acidity and evolution of gases in the stomach.

In all fevers; in inflammatory conditions; in the acute gastric upsets which occur with delicate children and phthisical patients; in all gastric diseases; and in those conditions of gastric catarrh which follow upon obstruction in the pulmonary circulation, whether due to disease in the heart or lungs, liquid food containing a sufficiency of carbo-hydrates in soluble form is essential to life.

Tea and Teeth.—In the cities of the United States, where tea is consumed in much smaller quantities than in this country (England), the teeth decay more rapidly than with us. The climate, the many indigestible articles of diet, the extreme nerve-tension of the Americans, and other causes affecting the nervine and general health of that great people, tend to induce a dyspeptic condition which always seemed to me to be largely responsible for their premature dental decay.

That a healthy cow allowed to feed on rich meadow grass, and in the evening carefully housed, cared for and given a diet of meal and hay, will yield a rich, creamy milk is evident; and that such milk is pure and healthful is certain. On the other hand, it is equally plain that an unhealthy cow, fed on distillery swill or brewery refuse, and improperly housed and cared for, will yield a thin milk without nourishing qualities. It is also well known that cows with certain diseases, such as tuberculosis and anthrax, give a milk that is positively dangerous.

The body wastes in pyrexial disease, and often the lamp of life goes out for want of fuel. If no food be given, the sufferer sinks of inanition. If food be given which requires digestion when the digestive ferments are inert, the sufferer dies of starvation just the same. Death from hunger is the hard lot of each. Yes, and myriads perish annually; succumb to this horrible fate, with loving friends around them, anxious to be of service and grudging no expense, while the medical man looks on complacently, and assures them that "everything is being done," unconscious of the abominable falsehood he is uttering. The solemn farce goes on in hundreds of households annually without a scintilla of suspicion being aroused as to the true state of affairs. It is something worse than homicide by misadventure.—*Fothergill.*

SCIENTIFIC NOTES.

A New Method of Medication.—Medicine may be introduced into the human system by electricity. The electrodes of a battery are saturated with the medicine and applied locally to the skin. Experiments show that there is an actual absorption of the medicine into the system.

The Origin of Petroleum.—Professor Medelejef has advanced the theory that petroleum is of mineral origin, and that its production is going on and may continue almost indefinitely. He has succeeded in making it artificially by a similar process to that which he believes is going on in the earth; and experts find it impossible to distinguish between the natural and the manufactured article.

The new light which microscopic investigation throws on a seemingly insignificant matter is again illustrated by the results obtained in examining the matter which untidy people allow to collect under the finger-nails. Thirteen assistants in a hospital were subjects of the experiment. The matter from the finger-nails of each individual was placed in a proper culture medium. In every case except one were colonies of microbes obtained.

Circulation of the Blood in the Eye.—"At Professor Hirschberg's clinic, in Berlin," writes a correspondent of the *Kansas Medical Index*, "my attention was called to the fact that the circulation of blood in the blood-vessels of the cornea affected with pannus can be seen. If one could not see this in America, it might almost be worth a trip across the ocean. By the aid of a strong lens one sees the circulation here almost as well as in the web of a frog's foot or in a fish's tail."

The Human Breath.—Professor Brown-Sequard has recently been making experiments to determine whether the human breath was capable of producing any poisonous effects. From the condensed watery vapor of the expired air he obtained a poisonous liquid, which, when injected under the skin of rabbits, produced almost immediate death. He ascertained that this poison was an alkaloid, and not a microbe. The rabbits thus injected died without convulsions, the heart and large blood-vessels being engorged with blood. Brown-Sequard considers it fully proved that the expired air both of man and animals, contains a volatile poisonous principle which is much more deleterious than carbonic acid.

SURGICAL NOTES.

Cases of internal intestinal obstruction should be considered in the same light as cases of strangulated hernia. Operation should be performed as soon as the diagnosis is made.—*Dr. Senn.*

Anæsthetics should not be used in cases of tracheotomy, provided proper assistants can be secured. The operation is not accompanied with much pain. By avoiding the anæsthetic many of the risks of the operation are avoided.—*Dr. Cheever.*

The supra-pubic operation for stone is to be performed only in exceptional cases. These are classified as follows: 1. In those cases of stricture in which the obstruction cannot be overcome in time to relieve the patient of great suffering. 2. In cases of prostatic obstruction. 3. In cases of tumors of the bladder which would interfere with the lateral operation. 4. In cases where the stone is too hard or too large to be removed either by lithotripsy or by lateral lithotomy.—*Dr. Hingston.*

When and Where Can One Trephine With Safety?—The safest rule is first to apply the trephine over those areas which do not overlie large vascular channels. Afterward, the opening may be extended in any direction, and to any required extent. The greatest hesitation is with regard to opening one of the sinuses. Two dangers attend such an accident: one, fatal air embolism, the other, profuse hemorrhage. The former danger is almost a theoretical one, and the other may be overcome by plugging the sinus or closing the wound with a fine needle and suture.—*Dr. Park.*

In order to diminish shock: 1, Wait for reaction; 2, never neglect to calm the mental shock by a cheerful word and personal presence; 3, give alcohol a quarter of an hour before anæsthetics; 4, make the anæsthesia short; 5, operate as rapidly as possible; 6, as short dressing as possible; 7, avoid chilling of the patient.

To promote reaction after operation: 1, Persistently and carefully apply dry heat; 2, liquid nourishment combined with a stimulant and a little laudanum by enema; 3, subcutaneous injection of brandy; 4, aromatic spirits of ammonia by the mouth; 5, black coffee and brandy, the stimulant par excellence when it can be retained by the stomach; 6, quiet—a more than horizontal position; sleep—assurance that all is over and doing well.—*Dr. Cheever.*

CURIOUS ITEMS.

Pittsburg has a chemist who is urging that all dead bodies, whether human or otherwise, be saved from the grave and from the crematory and be either ground up for purposes of fertilization or be placed in gas retorts and converted into illuminating gas, water, ammonia, tar and animal charcoal. Subsequent distillation will yield aniline colors, carbolic acid, ammonia sulphate, and possibly an antipyretic alkaloid.

In Alabama, a black negro girl about eighteen years old has given birth to twins at seven months, one of which is as "black as the ace of spades," and the other as white as any white child her medical attendant ever saw. This is as puzzling as the case recently reported, in which a beautiful young woman with a tinge of negro blood so slight as to be imperceptible, married an unsuspecting white gentleman, and in due time presented him with a black baby.

Professor Richard A. Proctor came to the conclusion that a man whose stature is not up to the average can increase his height if he cares to. He said: "I think we may fairly conclude from the evidence, imperfect though it is, that stature may be increased by judiciously selected food, and probably that lime should in one form or another be given in increased quantity in the food where growth is to be encouraged."

Menstruation in a Child Three Years Old.—*Dr. Kornfield* describes a case of menstruation in a child three years old. The child, which was addicted to onanism, had on April 5 a hemorrhage from the genitalia, which diminished at noon, and had disappeared the next morning. An injury—an abraded spot or any other source of the bleeding—was certainly not present. Bleeding recurred regularly at the beginning of May, June, July, at precisely the very time at which the mother menstruated.

A Curious Treatment for Hydrophobia.—A correspondent of the *Scientific American* says that he recently met a gentleman of high educational attainments, who stated that, in six years' residence in the East Indies, he had known of three severe cases of hydrophobia, and that each case was permanently cured. The means used was to take the patient to a pool or stream of water, plunge him in and allow him to just about drown and then resuscitate him. In each case, as before stated, a permanent cure was effected.

USEFUL RECIPES.

Ringworms.

Dissolve salicylic acid in collodion and apply it to ringworms once a day. A very few applications will remove them.

For Dandruff.

A boracic acid soap, containing five per cent of boracic acid, is said to be excellent for dandruff of the scalp, and it leaves the skin uninjured.

Salicylic Acid.

The only fixed oil with which salicylic acid will readily mix, is castor-oil. A two-per-cent solution should be used as an application to the skin.

Lead in Hair Restorers.

A large majority of hair restorers contain lead, and should never be used. The lead may be detected by adding a solution of iodide of potash to the "restorer," when a yellow fluid, iodide of lead, will be formed.

To Remove the Odor of Benzine.

The disagreeable odor of benzine can be removed by shaking repeatedly with plumbate of soda, made by dissolving oxide of lead in caustic soda, and rectifying. Simply shaking with charcoal and filtering will partially remove the odor.

A New Disinfecting Compound.

Oils of rosemary, lavender, and thyme, in the proportions of ten, two, and two-and-one-half parts respectively, are mixed with nitric acid in the proportion of thirty to one-and-one-half. The bottle should be shaken before using, and a sponge saturated with the compound left to diffuse by evaporation. The vapor of this compound possesses extraordinary properties in controlling the odors and effluvia of offensive and infectious disorders, and for purifying the air of the sick-room.

Test for Drinking-Water.

When in any hotel or summer-resort there occurs a single case of typhoid fever or diphtheria, test the drinking-water, or have it done at once. A few cents will buy an ounce of saturated solution of permanganate of potash at a chemist's. If when a drop of this solution is added to a tumbler of water its color changes to brown, it is unfit to drink; if it remains clear, or slightly rose-colored after an hour, it is, broadly speaking, safe.—*Pacific Record.*

COLLEGE NEWS.

CINCINNATI.**FULTE MEDICAL COLLEGE.**

Prof. Crawford:—"You cannot depend on the statements of your patients that they are sick." He illustrated the point from cases of hysteria and hypochondriasis, and in the clinic showed from a case which proved to be locomotor ataxia, the danger of being misled by a wrong interpretation of symptoms which the patient will give.

Prof. Hartshorn stated that in cases of hemorrhagic diathesis he had used with good results Hamamelis tincture, two teaspoonfuls in a half glass of water; also, Phosphorus, but especially Calomel 1x, 1 gr. given every two hours till we have the physiological action.

Prof. Lounsbury:—"The indicated remedy is the best tonic, and when we use a remedy which is not such we may possibly tone them up to a diseased condition.

"As an antidote to mercurialization one of the best remedies I have used is Nitric acid. I generally use the 30x, and have known it to reproduce the salivation.

"Muriatic acid is useful in chronic congestion and inflammation of the liver, applied externally as a compress $\frac{1}{2}$ 3 to a quart of water, giving great relief."

Prof. Lounsbury also called the attention of the class to Rapou's work on typhoid fever, from which he had obtained the following practical hints in the treatment and diet of his cases, which by ten years' experience he had found to be of the most valuable assistance:

Take a glass of urine each evening and morning and set in a still place and leave till next visit, in order to examine the light mist which forms in the upper part of the urine. At first the urine is turbid and whitish; then, as the disease progresses, it becomes clearer, with only a light cloud floating near the top which, as the disease progresses favorably, descends till the urine is clear above and below, while the middle is cloudy, opaline and perfectly defined.

In proportion as the cloud descends, so may we argue that the disease approaches a favorable crisis.

As soon as this enurema has touched bottom it changes its nature and is transformed into a sandy deposit of a reddish gray of which a part attaches to the sides of the vessel. This is a signal of approaching recovery, and we may reassure the anxious friends.

The deposit increases, becomes very abundant, and is now composed of a rosy powder deposited upon a thick mucous bottom. Here is a positive indication for giving the patient food, broths, light porridges, etc., or right here his strength may sink. When the deposit again becomes purely sandy and begins to diminish, the cure is assured and we should without loss of time prescribe tonic alimentation, as roast meats, wine and water, nourishing porridges, etc.; if not, we arrest reaction at its most favorable moment, and bring on a tardy, dangerous convalescence.

If at any time in the case the deposit rises higher from the bottom and leaves it, this is positive indication of a change for the worse, and heavy feeding should be suspended and the cause of change determined. These hints only hold good in the pure type of typhoid, uncomplicated by malaria.

CHICAGO.

HAHNEMANN MEDICAL COLLEGE.

Prof. Vilas, in speaking of acute glaucoma, says: "Its symptoms often resemble those of bilious colic. So, when called to a case in which there is violent vomiting with severe headache and the eye-sight obscured, always think of acute glaucoma."

Prof. Ludlam, in speaking of uterine cancer, said: "When you have a free flow of pus, you are farthest removed from carcinoma."

Prof. Hawkes says: "If in a case of diphtheria the child loses its voice, you are safe in making a fatal prognosis;" and he has never known one to recover when such was the case.

Prof. Hoyne says: "In diagnosing secondary syphilis, if the eruptions are found upon the extremities of only one side, or they itch, they are not syphilitic."

It is Prof. Laning's experience that in diabetes mellitus, when the patient is much emaciated and very restless, if he can be induced to eat some thoroughly cooked fat of a porterhouse steak, it will prove very beneficial. The reason is that the nerves are largely nourished by the glycerized phosphates.

Prof. Hawkes considers *Rhus tox.* the most uncertain remedy in the materia medica in regard to the potency; so he frequently prescribes a high and low potency in alternation.

Prof. Shears has noticed a "crackling feel" in a number of cases of abdominal colloma. This is a diagnostic feature not mentioned in text-books.

In physical diagnosis, Prof. Arnulphy says that if we find a diminished arterial pressure, with increased venous pressure, the condition

Prof. Laning says: "If a patient complains of a flushing of the face every evening toward bed-time, it is indicative of hepatic derangement."

IOWA CITY.

STATE UNIVERSITY.

Prof. Dickinson says that in all cases of acute rheumatism the heart should be examined frequently for signs of inflammatory action. The fatality of the case is almost always due to coincident disease of the heart. One attack renders the person liable to future attacks.

Prof. Gilchrist tells us that every contagious disease contains some form of bacteria, which is of value simply as diagnostic factors.

Relaxation of the limbs indicates great bodily prostration.

The body bent forward indicates abdominal injury.

The body bent backwards or to either side indicates spinal injury.

Hemiplegia indicates brain lesion.

A pinched appearance of face shows that there is hemorrhage.

A frowning look indicates pelvic trouble, and expansion of nostrils, lung trouble.

Prof. Cogswell checks excessive flow at the menopause by drop doses of *Erigeron Canadensis*. Uterine spasms at this time are controlled by *Actea racemosa*.

Prof. Cowperthwaite says: "Medicines which have a similar origin should rarely follow each other. Go into some other kingdom for a remedy. Compare your remedy with the disease, and, if they correspond, apply."

"The scientific mode of treatment is to give one remedy at a time. Lachesis never produces inflammation; it is from first to last an irritant. The aggravation after sleep is of very great importance."

CHICAGO.

CHICAGO HOMOEOPATHIC MEDICAL COLLEGE.

Prof. J. S. Mitchell says: *Calcarea carb.* should be written in letters of gold in every family where there is a tendency towards scrofula. No other remedy will be found so valuable in the treatment of children of strumous habit.

Probably one out of every five persons is affected to a certain degree with follicular pharyngitis. Upon careful examination, enlarged follicles will be found where their presence was, perhaps, unsuspected. Besides the usual treatment by remedies administered internally, it may be necessary to touch the enlarged follicles with Chromic acid or a solution

brush. Be careful to touch only the part affected.

Chronic hypertrophy of the tonsils may be cured without the extirpation of these bodies, by proper internal and local treatment. Give Iodine 30x, in the early stages, Mercurius biniodide, etc., in suppurative stage, and Baryta carb. if the surface is hard and indurated. For local application use Iodine tinct., or solution of Silver nitrate.

Prof. Woodward says: Zinc is the sovereign remedy in paralysis arising from structural lesions in the spinal cord.

Cuprum will be found a most valuable remedy in cases of scarlet fever, where there is angina. Belladonna is often administered ineffectually, when Cuprum would relieve quickly.

Prof. Tooker: I make the statement that you can regulate the bowels of infants by the use of proper foods, and you will rarely, if ever, have to resort to medicines if you understand feeding.

If the mother's milk is insufficient in quantity, supplement it by the use of some good artificial food, but let the child continue to nurse. Allow no cold food or drink to be taken into the babe's stomach.

The idea prevalent in some minds, that the nursing mother should not partake of fruits, cabbage, etc., on account of their acidity, is a fallacy, as none of these acids enter into the milk as such, but are converted into alkalies during the process of digestion.

The Faradic current may usually be depended on to restore milk to a breast from which it has been driven by fright, or other mental shock, but will not prove efficacious where there has not been a supply of milk.

An interesting case was recently presented in Prof. Knoll's clinic. The patient, a German woman, had suffered intensely during the past four years, with pains of excruciating character in the upper portion of the abdomen, and at the time she came under Prof. Knoll's notice, there was what appeared to be the opening of an abscess at the umbilicus, from which there was a slight discharge. A probe passed in at the umbilical opening, and directed toward the right hypochondrium, penetrated to a depth of four inches, where it encountered a solid obstruction. An operation was decided upon, and the patient being anesthetized, an incision four inches in length was made, beginning at the umbilicus, and being directed upwards and outwards. A sinus was found, leading from the umbilicus to a cyst which had formed near the gall-bladder, and this cyst was literally packed with gall-stones. When these were removed, it was discovered that there were several still remaining

in the gall-bladder, from which the others had escaped into the cyst. These were also removed, the wound carefully dressed, and the patient is making a good recovery. The stones varied from one-eighth to one-half an inch in diameter, and were one hundred and thirty in number.

PHILADELPHIA.

HAHNEMANN MEDICAL COLLEGE.

At one of our recent medical clinics Prof. Goodno presented a lady between 60 and 70 years of age, suffering from typhoid pneumonia. Shortly after her admission to the hospital there was a rapid elevation of the temperature, the pulse weak, great prostration, muttering delirium, picking at the bed-clothes, incontinence of urine and involuntary stool, brown tongue with red tip and edges, rust-colored sputum. An examination of the chest revealed dry, crepitant râles.

In this case, Dr. Goodno said that old Dr. Hering's "three legs of pneumonia" were present, viz.: rapid elevation of temperature with a weak pulse, great prostration, and rust-colored sputum. He said that typhoid pneumonia was not typhoid fever and pneumonia as the public generally suppose, but simply pneumonia with a typhoid state, the latter meaning a certain group of symptoms depending on a certain condition of the system.

A thorough examination of the entire chest should *not* be made every time the physician sees his patient, as death, in this disease, is due to heart failure, and on this account the patient should be kept as quiet as possible. It is sufficient to examine the heart only.

I cite another case of a man, middle-aged, who, during the last week of August, 1886, was seized with an attack of hay-fever, which subsequently developed into asthma. This continued until the first or second week of October of the same year, when it disappeared. He was under allopathic treatment, but with no success. During the corresponding period of 1887 it appeared again, and under the same treatment received no relief. About Sept. 1st of this year the affection broke out for the third time, so he concluded to try homeopathy. Dr. Snader, who first saw the case, elicited symptoms from him, the very first of which was "itching of the upper eye-lids." This, with other symptoms, led him to prescribe Arsenicum 2x, as the doctor said he remembers having made a proving of Fowler's solution, and this was one of the most prominent symptoms. The remedy seemed to act like a charm. The patient returned in a

few days, feeling like a new man, the dyspnoea having entirely disappeared, and according to his own language, he rested better at night than he had at any time for the last two years.

SAN FRANCISCO.

HAHNEMANN HOSPITAL COLLEGE.

Professor Eckel strongly advises inhalations of Lactic acid, ten to twenty drops in an atomizer, in croup. If there be great opposition on the part of the child, or in the case of a very young child, put a tent or sheet over the bed, thus confining the fumes which the child must breathe. It is also recommended in diphtheria, when the disease attacks the larynx.

Professor Lilienthal reminds us that although Lachesis is strongly the left-sided remedy in throat troubles, especially when going from left to right, we are also to remember Sabadilla, which has similar symptoms, only it is better from warm drinks, while Lachesis is worse from warm drinks.

Also, that we should not always fly to Rhus tox. in rheumatism — if worse at night and from damp, wet weather; better from warmth and motion — for Lycopodium has similar symptoms, and is too often neglected.

Professor Boericke says, that with proper care, bottle-fed babies never need have colic. Later, I saw an illustration of his method, twins that at three months had never had colic. The child is given the bottle with the tube tied in a loose knot to prevent suckling too fast. At short intervals the bottle is taken away, the child is taken up into a sitting position, the back gently rubbed; sometimes the child is slightly jolted, and up comes a bubble of wind, and the baby lies down happy to continue the bottle. This is repeated several times before the bottle is emptied. He claims that this rule, carried out among his patients, never fails. The child is compelled to nurse slowly with the knot in the tube, and soon learns to assist the rubbing with voluntary efforts to bring up the wind.

Professor Boericke finds the greatest success with sterilized milk, thus eliminating any fermenting germs the milk probably contains. As soon as the milk-man has made his morning visit, put the milk in small unlettered bottles having perfectly tight-fitting corks. Fill the bottles full of milk, put them, uncorked, in a vessel of water and boil twenty minutes; cork then and there, and the milk will keep for a week sweet and pure. Patients going overland can sterilize milk enough for the journey.

SOCIETY REPORTS.

NOTES FROM THE LOUISVILLE CONVENTION.

NEW OFFICERS.

President:— Dr. W. E. Green, Little Rock, Ark.

First Vice-President:— Dr. Walter Bailey, Jr., New Orleans.

Recording Secretary:— Dr. E. Lippincott, Memphis, Tenn.

Corresponding Secretary:— Dr. Howard Crutcher, Louisville.

Treasurer:— Dr. Chas. W. Taylor, Louisville.

PERSONALS.

Drs. Buck, McDermott, Walton and Eaton represented Cincinnati.

Dr. W. B. Morgan, of St. Louis, reported a steady growth of homœopathy in that city.

Dr. M. M. Eaton:— "Homœopathy is more popular in the South than many people suspect."

Dr. E. Lippincott, of Memphis, telegraphed to Dr. Crutcher: "Bring the meeting here next year, and, cost what it may, I will see that it is a success."

Dr. E. H. Pratt:— "Fear weakens a man; anything that weakens a man lessens his powers of resistance; therefore, fear may render him more liable to an attack of yellow-fever."

Dr. J. D. Buck:— "We must have something practical in materia medica. The student must learn a few key-notes of each remedy, and avoid the great mass of rubbish going the rounds under the misleading title of 'materia medica.'"

Dr. J. H. Henry:— "Give Arnica before surgical work and you will have cause for congratulation. Begin several days before an operation, and give the remedy in small doses. I have used it in this way for several years, and I know whereof I speak."

Dr. Howard Crutcher, the very efficient Corresponding Secretary, made things lively, as he is wont to do. On the last day of the session he read a very interesting paper on "Anæsthetics," the timely nature of which was indicated by the discussion which it elicited.

Dr. C. E. Fisher opened the public meeting Wednesday evening with a twenty-minute speech forty minutes long, in the course of which he gave the audience some facts and figures regarding homœopathy, that they will not soon forget.

Dr. Fisher, moreover, was paid the well-deserved and distinguished compliment of being named by the Convention as its candidate for member of the proposed National Board of Health which will be organized by the Government should Senator Call's bill become a law. THE MEDICAL ERA congratulates the Doctor on this mark of confidence and esteem reposed in him by his colleagues.

Dr. Geo. M. Ockford:—"The growth of the absinthe habit among the intellectual classes, the increase in the number of victims of Opium and Cocaine habits, are serious questions, and well worthy the attention of physicians. By the avoidance of the careless use of anodynes and narcotics much of the evil can be averted, for it is an undeniable fact that the careless prescriptions of physicians are in many instances responsible for the mental and physical wrecks due to these pernicious habits."

NOTES.

Eighteen new members were admitted during the session.

An obstetrician present at the meeting acknowledged to having much trouble in delivering in cases of breech presentation. Dr. Monroe asked him why he did not use a *special delivery* stamp.

One man in the convention was married at four o'clock in the morning; another was never at a medical meeting before; and still another declared that he had "treated forty-one cases of corns with the 200th potency of *Saccharum lactis* without a single death."

Tait's Mixture seems to be *par excellence* the anæsthetic. In its use we escape the dryness of mucous membranes, the congestion of the brain and the lung, trying and exhausting stage of excitement found with ether alone, and we equally escape the extreme cardiac sedation and cerebral anæmia that we all so fear with chloroform. In short, it seems to accent the advantages of both drugs and to reduce their disadvantages.—*Dr. A. L. Monroe.*

[THE MEDICAL ERA would have been glad to publish a full report of the Louisville meeting, but it does not wish to trespass upon territory which rightfully belongs to the accomplished editor of the *Southern Journal of Homœopathy*, Dr. C. E. Fisher, who, by his intelligent efforts and his zeal has succeeded in doing what, we believe, no other physician in the United States could have done—he has successfully established a first-class medical journal in the far-off Lone Star State, under difficulties which would have appalled anyone less able and less energetic. We bespeak for Dr. Fisher the support of the entire profession, North and South.]

ILLINOIS VALLEY HOMŒOPATHIC MEDICAL SOCIETY.

This new society was organized July 12, 1888, at La Salle, Ill., by the following-named physicians:

G. F. Coutant, of La Salle; F. Duncan and Dr. English, of Mendota; A. H. Hatton, of Peru; O. B. Stannard, of Earlville; Charles Stewart, of Streator; W. A. Smith, of Wenona; H. M. Bascom, of Ottawa; C. A. Weirick, of Marseilles; J. G. Waggoner, of Minonk, and J. B. Dunham, of Wenona.

It was decided, on motion, to hold regular semi-annual meetings the second Thursday of October and April, of each year, each session being from 12 M. to 4 P.M.

At the first regular meeting papers were read by Drs. A. H. Hatton, W. A. Smith and J. B. Dunham. The papers were all clinical in character. Seven cases of permanent cures made by the single remedy, in various potencies, were reported.

It was the expression of all present that many times, in chronic and sub-acute cases we prescribe too hastily. The patient had better be given a placebo, and required to return several times, if need be, and have the same repeated, until the physician has so studied the case that he can give the single remedy with assurance of benefit.

At the close of the discussion of the papers, the chair appointed the following chairmen of bureaus, to prepare papers for the next meeting:

Women and Children; H. M. Bascom, M.D., Ottawa.

Theory and Practice and Materia Medica; W. A. Smith, M.D., Wenona.

Surgery; G. F. Coutant, M.D., La Salle.

Volunteer papers are especially requested. The work of the first regular meeting was quite satisfactory. The meeting occurring the second Thursday, in April, 1889, will be one of special interest.

J. B. DUNHAM, M.D., Sec.

Wenona, Ill., Oct. 13, 1888.

The air of different localities varies a great deal in the number of micro-organisms, the air of cities containing more than that of the country. The air at sea, at the distance of a little over a hundred miles, is absolutely free from micro-organisms except in the presence of a land-breeze.—*Dr. Whittaker.*

FACETIÆ.

Insomnia.

A somewhat weather-beaten tramp being asked what was the matter with his coat, replied: "Insomnia; it hasn't had a nap in ten years."

Rather Tough.

It is rather tough on a doctor's son to be named William and have to sneak through the elysium of youth under the opprobrious title of "the doctor's Bill."

Only a Question of Time.

"Doctor, how is Banker Jones? I heard that he was very sick."

"He has joined the innumerable caravan," said the physician, solemnly.

"What! You don't mean to say that Jones has skipped to Canada? Well! well!"—*N. Y. Sun.*

Not in Gray.

A daily paper, in reporting a fight, quotes one of the parties as saying:

"Simmons did not shoot me in the hallway; he shot me in the saloon, without any provocation."

A careful search of "Gray's Anatomy, Descriptive and Surgical," fails to reveal any parts of the human system named "hallway" and "saloon."

In Anticipation.

Dickie.—"What are you running for, Bobbie?"

Bobbie.—"The doctor."

Dickie.—"Who's sick?"

Bobbie.—"Nobody."

Dickie.—"Then what do you want of the doctor?"

Bobbie.—"To-day's my birthday, and I'm going to have chicken and pickled oysters and lemonade and jelly and ice-cream and cake and sandwiches for dinner and ma wants me to tell the doctor to call around this evenin'."

In the Wrong Pew.

James Payn, the novelist, is editor of the *Cornhill Magazine*, London. Next door to his office a medical journal has its sanctum. One day Mr. Payn's door was cautiously opened and a pale-faced, long-haired individual entered. "I have brought a little thing about sarcoma and carcinoma," said the visitor. "Very sorry, sir," said Payn, politely, "but we have all the poetry we want." "This isn't poetry!" exclaimed the visitor. "It is an essay on two varieties of tumor." "Oh, I beg your pardon," said Payn, "I thought they were a pair of Italian lovers." The long-haired man was a well-known medical professor who had entered the wrong office.

PERSONALS.

Dr. A. H. Wales, of Lanark, Ill., has begun his duties as *interne* in Cook County Hospital.

Dr. E. L. SMITH, of Bellefontaine, O., is taking a course at the New York Post-Graduate School.

Dr. W. G. WILLARD, whose term of service as *interne* in Cook County Hospital expired October 1st., is indulging in a hunting trip in Iowa.

Dr. J. B. DUNHAM, of Wenona, chairman of the Bureau of Clinical Medicine, Illinois Homœopathic Medical Association, desires each member of the bureau to prepare a paper on clinical medicine.

Dr. D. S. SMITH, who enjoys the distinction of being president of the Tippecanoe Club, of Chicago, in a very graceful and effective speech introduced the club to Gen. Harrison, on the occasion of its recent visit to Indianapolis.

Dr. W. A. DUNN, formerly of Wabash, Ind., after having spent two years in the hospitals of Vienna, has located in Chicago. He conducts the throat and nose clinics at Hahnemann Hospital.

Dr. F. H. LUTZE, of Cheshire, N. Y., is informed that the drug referred to is the *Geranium maculatum*. A full account may be found in an article by Dr. Shoemaker, in *Chicago Medical Journal and Examiner*, 1887.

Dr. WM. H. HARRISON, a homœopathic physician of Baton Rouge, La., is a cousin of Gen. Benjamin Harrison, of Indiana. Dr. H. is the republican candidate for Congress in his district.

DRS. ALBERT PICK AND F. PRITCHARD, of 82 E. Brookline Street, Boston, Mass., have favored the ERA with the very interesting translations from foreign journals to be found on page 340. This will become a regular feature of the journal, and one which, we have no doubt, will be appreciated by our many readers.

Dr. WM. D. GENTRY, of Kansas City, has sent out a circular containing specimen pages of the "Concordance Repertory" which he has prepared, and a blank calling for subscriptions. Dr. Gentry should have the support of the profession in the excellent work that he has undertaken, and we hope that his appeal will meet with a liberal response. He is making the best-arranged repertory possessed by our school.

DR. EUG. A. GUILBERT, of Jackson, Miss., has stuck loyally to his post. Sept. 27 he received the following telegram:—

You are authorized to work as member of American Red Cross in yellow-fever at Jackson. CLARA BARTON. Dr. Guilbert has shown himself fully worthy of the trust reposed in him.

DR. R. B. WEAVER, demonstrator of anatomy at the Hahnemann Medical College, Philadelphia, has finished a piece of work which has occupied his close attention for six months. It is a complete exposé of all the nerves of the human body, exactly in the position they occupy during life. Some idea can be formed of the labor involved when it is remembered that the human body contains upward of a million nerves of various sorts. Dr. Weaver, who lately traveled in Europe, was struck with the want of some specimen of anatomy showing the nerves only. Procuring the body of a colored woman who had died in an emaciated condition, Dr. Weaver, working ten hours a day for upward of six months, and chiseling the bones away piece by piece, managed to get what he wanted. The figure pinned to a black-board in a polished frame looked at a distance like a delicate drawing in white of the nerves of the human figure. A close inspection, however, reveals the fact that the delicate lines were really nerves, some as delicate and as fine as silk. The dura mater of the skull and backbone are retained, and also the eyes. The nerves of the spinal cord are so fine and so close together that a fine needle had to be used to separate them.

SPECIAL NOTICE.

Every friend of homœopathy in Chicago, at the coming election, will see to it that the name of the Hon. Aaron J. Miksch is on the ticket that he deposits. Mr. Miksch, who is at the present time a member of the Board of County Commissioners, has been re-nominated. He has rendered Cook County valuable service, he is now thoroughly familiar with public business, and should be re-elected by an increased majority. He is a homœopath, "from the ground up," and is the especial champion of our cause on the Board. Let every physician vote for him, and influence as many of his patients as possible to do likewise.

At the same time do not forget that Commissioners Philo E. Dodge and D. B. Scully are equally well worthy the support of every member of our school.

NEWS OF THE MONTH.

THE corner stone for the new building of the New York Homœopathic Medical College was laid October 22nd.

W. F. DALY, the actor and sporting man, is dying of blood poisoning from a wound in the hand received by striking a man in the teeth.

THE German physicians who have been so severely criticized in Sir Morell Mackenzie's book, have threatened to bring suit for libel.

AT RACINE, WIS., several people who attended a "wake" were fatally poisoned by drinking some embalming fluid, left by the undertaker, which they mistook for beer.

BOARDS OF HEALTH IN OHIO.—By a new law in Ohio, a board of health is to be established in every city or village containing more than 500 inhabitants.

THE BOARD OF REGENTS of the University of Michigan decided at their last meeting that the clinical department of the medical school should not be removed to Detroit.

IN OAKLAND, CAL., there is an undertaker's shop with a large sign which says, "Bodies Embalmed," while next door is another man's sign which reads, "Spirits Rectified."

THE sensation of the month is the publication of Sir Morell Mackenzie's book, giving an account of his connection with the case of the late Frederick III., of Germany. Seventy-five thousand copies were ordered by the trade.

The Medical Visitor is publishing a continued story in the shape of a "List of Physicians." Unfortunately the stuff has all been published before, and is about as correct as a last year's almanac, and about as readable as yesterday's paper.

AT HUDSON, Wis, a man bought a box of santolin worm-lozenges, each lozenge containing one-half grain of santolin. Within a period of three hours he gave three lozenges to a two-year-old child, and it died the next day as the result of santolin poisoning.

IN a tenement-house in Buffalo, N. Y., twelve cases of small-pox were discovered the other day, none of which had been reported to the authorities or received any medical attention whatever. The patients were all recovering in a highly irregular and unprofessional manner.

It is said that the cause of the hatred of the English which William II., of Germany, entertains, dates from the moment of his birth. His mother, in her first *accouchement*, demanded the services of an English physician. The one who attended her, by an unskilful manipulation of the forceps, injured the child's arm so that it has ever since been atrophied. This physical defect he has felt very keenly all his life, and it has given rise, on his part, to a prejudice against everything and everybody English, even to his own mother.

AUTOPSY OF EMPEROR FREDERICK.—A full report of the post-mortem examination upon the body of the late Emperor Frederick has been published. The microscopic changes are summarized as follows: Cancerous destruction of the larynx, with secondary disease of a rather large lymphatic gland at the lower part of the left side of the neck, and a cutaneous nodule on the right side near the wound. *Æsophagus* unaffected. Inflammatory destruction of the upper portion of the windpipe and the neighboring parts. Numerous bronchiectases, with putrid contents. Near these, broncho-pneumonic suppurating gangrenous patches.

HOSPITAL EXPERIENCE.—"You don't know what a nature a fellow gets, not only after being a soldier a while, but after living in the sights and influences of the camps and the wounded—a nature he never experienced before. The stars and stripes, the tune of Yankee Doodle, and many other similar things, I have seen bring tears on some men's cheeks, and others turn pale with emotion. I have a little flag (it belonged to one of our cavalry regiments), presented to me by one of the wounded; it was taken by the Secesh in a fight, and rescued by our men in a bloody skirmish following. It cost three men's lives to get back that four-by-three flag—to tear it from the breast of a dead rebel—for the name of getting their little 'rag' back again. The man that secured it was very badly wounded, and they let him keep it. I was with him a good deal; he wanted to give me some keepsake, he said,—he didn't expect to live,—so he gave me that flag. The best of it all is, dear M., there isn't a regiment, cavalry or infantry, that wouldn't do the like, on the like occasion."—*Walt Whitman in October Century.*

Experiments performed during the past summer had enabled him to prove that the convulsions of so-called Jacksonian epilepsy were solely due to the cortex, and not at all dependent upon the spinal cord or upon the bulbar spinal system.—*Dr. Ferrier.*

BOOK REVIEWS.

THERAPEUTICS: ITS PRINCIPLES AND PRACTICE. By H. C. Wood, M.D., LL.D., Professor of Materia Medica and Therapeutics in the University of Pennsylvania. A Work on Medical Agencies, Drugs and Poisons, with Especial Reference to the Relation between Physiology and Clinical Medicine. Seventh Edition, Rearranged, Rewritten and Enlarged. Philadelphia: J. B. Lippincott Company. 1888.

This is the seventh edition of "A Treatise on Therapeutics," by H. C. Wood, M.D., a book which has long been a standard work of reference for the profession. In the present edition much has been added, and the entire matter has been rearranged. In the first part remedies which are not drugs are treated of, dietetics, metallo-therapy, massage, and other remedial measures being considered, and also the general treatment of bodily states, such as exhaustion, obesity, and lithiasis. The most valuable part of the work, however, is that which is devoted to the physiological action of drugs, which is very full, and forms a source of information which is indispensable to every student of *materia medica*.

The J. B. Lippincott Company have done their usual good work in the matter of printing and binding.

DISINFECTION AND DISINFECTANTS: Their Application and Use in the Prevention and Treatment of Disease, and in Public and Private Sanitation. By the Committee on Disinfectants, Appointed by the American Public Health Association. Concord, N. H.: 1888.

We have here the best work on the subject of disinfectants ever published in this country, if not in the English language. The distinguished physicians composing the committee gave to the work their best efforts, and they have succeeded in making a valuable contribution to science. Much of the work is entirely original, and that which is not has been so carefully considered that all may be taken as authoritative. The book comes very opportunely, when the subject of which it treats forms an important part of the physician's education at the present day. It is a handsomely bound volume of two hundred and sixty-five pages. Sent on receipt of price, by Irving A. Watson, M.D., Secretary American Public Health Association, Concord, N. H.

EXCESSIVE VENERY, MASTURBATION AND CONTINENCE. Their Etiology, Pathology and Treatment, Including Diseases Resulting Therefrom. By Joseph W. Howe, M.D., late Professor of Clinical Surgery in Bellevue Hospital Medical College. Second Edition, Revised. New York: E. B. Treat, 1888.

There are various works on the subject of which this one treats. None of them, perhaps, goes over the ground more thoroughly than Dr. Howe's book. Scarcely any feature of it is neglected. It is well written and instructive. But it is really amusing to see that the author—like many other authors—has been beguiled by some of Dr. Hammond's pretty fables, especially the one that tells about the man who was accustomed to have a heavy-weight girl, with her boot-heel on his bare chest, whirled around like a spinning-top, "till his flesh was torn and bleeding," after which "our hero rubs his injured spots with his naked hands, and his bruises, scars and ecchymoses almost entirely disappear within a very few minutes." This is a good story to tell the marines, but it has no place in a work that lays claim to being scientific. In other respects the book is very well written.

MANUAL OF CHEMISTRY, by W. Simon, M.D., Ph.D., Professor of Chemistry and Toxicology in the College of Physicians and Surgeons; Professor of Chemistry and Analytical Chemistry in the Maryland College of Pharmacy, Baltimore, Md. 8vo., pages 479, with forty-four illustrations and seven colored plates. Philadelphia. Lea Brothers & Co., 1888.

A handsomer volume than the second edition of Professor Simon's notable work has seldom graced the shelves of the physician's library. In typography, illustrations, and colored plates, there is little to be desired. The author is fortunate in his publishers. *THE MEDICAL ERA*, in reviewing the first edition, has called attention to the superlative excellence of the book as a text-book for medical students, as regards not only inorganic chemistry, but organic also. The chapters on animal chemistry are thorough and interesting. Urinary analysis is treated in a masterly manner, and is a feature of the work. The manual has undergone extensive revision, and is now seventy-five pages longer than at first, bringing it up to the latest investigations and discoveries of interest to the physician. Few can realize, until they have taught from it,

what a monument of useful, orderly and conscientious labor Professor Simon has raised. That a second edition follows so closely on the first shows how well the author has succeeded in presenting what the profession particularly needs in the study of chemistry. C. M.

LACTATED FOOD.—It is to be prescribed in cases of malnutrition, when the little patients are poorly nourished. Its base is sugar of milk, and it contains no starch.

THE October *Century* closes the thirty-sixth volume and 18th year of that periodical. The frontispiece of the number is a portrait of the late Emma Lazarus, the Jewish poet of New York; and in the body of the magazine appears a sympathetic study of the genius and personality of this most interesting woman.

The Sixth volume of Alden's *Manifold Cyclopaedia* extends from Bravo to Calville, its 635 nicely printed pages including 120 illustrations. Along with its manifold number of words and topics treated briefly, there are many extended articles, as for instance, Brazil, seven pages; Breech Loading Guns, eleven pages; Bridge, eleven pages; British Museum, ten pages; Brooklyn, five pages; Buddhism, fifteen pages; and California, sixteen pages. The Cyclopaedia well deserves the enthusiastic commendation it is receiving from all sides; it is certainly the Cyclopaedia for popular use. The publisher sends specimen pages free to any applicant, or specimen volumes, which may be returned if not wanted, for 60 cents for cloth binding, 75 cents for half Morocco, post-paid; the better binding is particularly commended. JOHN B. ALDEN, Publisher, 393 Pearl Street, New York, 218 Clark Street, Chicago.

THERE is a preparation that is called "Carnrick's Food," which I have used. It consists of equal parts of dried milk which has been digested with pancreatine, and of wheat-starch, which has been converted by dry heat into dextrine. I have reason to know that this food is well made.—*Dr. G. B. Fowler, N. Y.*

A. W. FURBER, M.D., L.R.C.S., says: "I have for a long time had a patient under my care for disease of the teeth, and although my operations progressed favorably, I had many difficulties to contend with. The whole of my patient's teeth appeared to have a syphilitic taint, with increased flow of saliva, amounting to chronic salivation. Iodine having come under my notice, I was inclined to give it a trial, and with the addition of a small proportion of liq. hydrarg. bi-chlor., taken daily before meals for a time—the salivation became normal, the mucous membrane assumed a more healthy state and the teeth generally looked like coming back to their original color.

80 FORTRESS ROAD, LONDON, N. W.

Burlington Route.

Vestibule Trains. "The Burlington's No. 1" fast train, leaving Chicago at 1 P. M. daily for Omaha, Lincoln, Cheyenne and Denver, and arriving at Denver at 9:10 A. M. the next evening, is now a solid vestibule train for the entire distance between Chicago and Denver.

The Burlington's "Fast Trains" to Kansas City, St. Paul and Minneapolis will also be vestibule trains at an early date.

THEY SAY

THAT nothing dries sooner than tears.

THAT a doctor's bill is a debt of honor.

THAT flies are common carriers of contagion.

THAT blood will tell, and so will watered milk.

THAT doctors are not always as wise as they look.

THAT chalk is never used as an adulterant of milk.

THAT the lungs of a dog are the seat of his pants.

THAT Job was the first doctor—he had patience.

THAT in the silent watches of the night there is no tick.

THAT some men are like rivers—little head, big mouth.

THAT peppermint water will relieve pruritus pudendi.

THAT convicts never have the courage of their convictions.

THAT hysteria is a bedevilment of the entire nervous system.

THAT poetry runs in the blood—in the poetical vein, you know.

THAT all men are more or less insane, especially the other fellow.

THAT iodoform is Billroth's favorite antiseptic in surgical practice.

THAT micro-organisms cannot pass through the healthy placenta.

THAT blood deprived of its red corpuscles is regarded as lymph.

THAT a good man gone wrong is generally a bad man just found out.

THAT water is a solvent of more substances than any other one fluid.

THAT acute diseases, following upon chronic, are the most dangerous.

THAT the wise man is known by the company that he keeps out of.

THAT bile itself taken internally, is the most powerful cholagogue.

THAT speech is silver, silence is golden, and laughter often ironical.

THAT a kleptomaniac is a person who suffers from fits of abstraction.

THAT it's called the "funny bone" because it is the point of the humerus.

THAT in a life-time of eighty-four years the heart beats 2,869,776,000 times.

THAT atrophy of the muscles of the thigh follows synovitis of the knee joint.

THAT in Massachusetts it is forbidden by law to give chloroform to a patient.

THAT two members of the royal family of Bavaria have graduated in medicine.

THAT at last the allopaths have discovered the therapeutic virtues of lycopodium.

THAT the proportion of tuberculous cattle brought to Paris is about six in the thousand.

THAT the weight of medical opinion is in favor of the view that leprosy is contagious.

THAT the physician who values his time and advice is the man who is best appreciated.

THAT for solid comfort, next to a clear conscience nothing equals an easy pair of boots.

THAT the mother of Henry VIII. was only 13 years old when she gave birth to the future king.

THAT there is a colony of Poles in Connecticut, and they are going into the business of raising pole-cats.

THAT there is a doctor in Kentucky whose name is Bowel; it is proposed to make him Secretary of the Interior.

THAT a forced expiration with a sibilus denotes an access of asthma, and excludes both croup and capillary bronchitis.

THAT summer complaint loses its epidemic character as soon as the minimal daily temperature remains below 60° F.

THAT the government has spent more money for the purpose of investigating the diseases of hogs, than the diseases which afflict mankind.

THAT crystallized aconitine is the most violent poison known, the two-hundredth part of a grain endangering the life of the person taking it.

THAT there isn't much difference between the front teeth, but there is a *vas deferens* between the epididymus and the base of the prostate.

THAT a well developed natural bust is handsomer in the nursery with a future president at it, than in the parlor or ball-room with a modern dude gazing at its fictitious substitute.

THAT a medical journal in New York has published a list of "Great American Physicians." The list covers a page and a half. Now, if it would publish a list of physicians who think they are great, it would have to buy an extra ton of paper and run the press night and day.

THE MEDICAL ERA

VOL. VI.

CHICAGO, DECEMBER, 1888.

No. 12.

EDITORS :

CH. GATCHELL, M.D.

JAMES E. GROSS, M.D.

A PROPOSED BILL.

FRANK S. BILLINGS, director of the Patho-Biological Laboratory of the State University of Nebraska, has sent to this office the text of a proposed bill providing for the establishment of a laboratory at Washington which shall be supported and controlled by the National government. He submits the draft of the bill for consideration, and calls for suggestions.

We beg leave to submit the following :

It is proposed that the "general supervision and control of said patho-biological laboratory shall be in the hands of the surgeon-general of the marine hospital service."

We most respectfully submit that the present surgeon-general of the marine hospital service has not made for himself such an enviable reputation in dealing with the present epidemic of yellow-fever in this country as to recommend him for the enlarged duties which the proposed position would involve. His management — or mismanagement — of the epidemic is in strong contrast to the very efficient work which was done by the National Board of Health in 1878. The officer named probably has sufficient to tax his powers in the position which he at present occupies.

The proposed bill, furthermore, provides that the "directors of the institutes named shall be graduates from a thoroughly organized and world-accredited medical school," etc.

This is altogether too indefinite. Who is to be the judge as to whether the school is

"world-accredited" ? Opinions might differ on the subject. The language of the bill leaves opportunity for the exercise of arbitrary power.

Supposing, for instance, that a graduate of a homœopathic college should make application for the position? The surgeon-general of the marine hospital service might decide that the doctor's *alma mater* was not "world-accredited," whatever that may mean.

The homœopathic graduate might fulfill every other condition except this one, and then be arbitrarily excluded. Such an occurrence is possible, for homœopaths can, at times, answer very stringent requirements. It is a matter of history, right here in Chicago, that for three years a well-known Philadelphia firm offered very expensive microscopes to that graduate who should stand the best examination in microscopy. The microscopes were competed for by graduates of every one of the seven medical colleges in Chicago, and, in addition, by graduates of the Chicago University. And it is also a matter of history that for two successive years the prize was carried off by graduates of a homœopathic college.

Hence, it would be well so to alter the proposed bill as to prevent all possibility of unjust discrimination in favor of any one school of medicine, for we are quite sure that it cannot pass in its present shape.

All of which is most respectfully submitted.

LOCAL MEDICAL SOCIETIES.

In the November issue of this journal will be found a report of the meeting of the Illinois Valley Homœopathic Medical Society. We refer to it at the present time in order to suggest

that physicians in other parts of the state should follow the example of those who have organized this society.

The advantages of such local organizations scarcely need enumeration. The meetings afford an opportunity for interchange of views, and for a closer acquaintance among neighboring physicians. The experience gained in preparing papers will be an aid rather than a hindrance to the annual contribution to be made to the State Association. We commend the action of the physicians of the Illinois Valley to the consideration of the entire profession.

ELECTRIC PROSTRATION.

New conditions develop new diseases.

The "railway spine" has taken its place in medical nomenclature, and the "caisson disease" has also been recognized. Now a third has been added to the list in a condition which has received the name of "electric prostration."

This is a disorder that affects those who work under strong electric lights. After an exposure of one or two hours the workers have a painful sensation in the throat, face and temples, the skin becomes of a coppery-red color, there is irritation of the eyes, with profuse lachrymation, lasting forty-eight hours. After five days there is desquamation of the discolored skin.

These symptoms do not follow exposure to the ordinary Edison light, but to one of excessive strength, such as is used in electric furnaces for the quick heating of metals. Some mitigation of the symptoms may be procured by the use of dark-colored glasses, but not entire immunity. The effects seem to follow exposure not to the heat, which is not great, but to the intensely brilliant light.

Thus has a new industry created a new disease, for which the profession will be called upon to find a remedy.

From a review of one hundred and thirty-seven cases of cortical lesion I find a complete identity of the motor and sensory cortical areas. A deeper lesion is apparently more common where there is anæsthesia.—*Dr. C. L. Dana.*

LONDON'S LATEST HORROR.

The devilish fiend is at work again.

In ninety-three days the mysterious murderer who haunts the streets of Whitechapel has killed and butchered nine of his unholy victims.

The latest case is a fair sample of the previous ones. As usual, the victim was a woman-of-the-town. Her body was mutilated almost beyond recognition. The head was severed from the trunk and placed beneath one of the arms. The nose and ears were cut off. The skin was torn from forehead and cheeks. The breasts were sliced off and laid upon the table. The body was disemboweled, and the intestines, heart and liver placed beside the breasts in their peculiar resting-place. From her thighs great pieces of flesh had been stripped and strewed upon the floor, while all surrounding objects were smeared with blood. The uterus had been removed and carried away.

To the present time the murderer has eluded the utmost vigilance of the police. No one sees him coming or going, though he works in crowded streets.

Such reasonless butchery and such cunning mark the work as being extraordinary in the history of homicides. It is removed from the catalogue of crime, and placed in that of insanity. No creature of sound mind is engaged in it. Neither is the man a monster; he is simply insane, and as harmless as a child except to his peculiar victims.

It is most likely that the assassin is an epileptic, rather than a monomaniac. As "Mr. Hyde," he imagines that his mission is to kill; at other times he may mingle with his fellow men as the harmless "Dr. Jekyll."

But, in whatever guise he walks, his apprehension will be a source of relief to a peculiar class of London's citizens.

It is not too early to begin the preparation of papers for the next meeting of the Illinois Homœopathic Medical Association.

ORIGINAL ARTICLES.

THE URINE OF AMERICAN BUSINESS MEN.

By CLIFFORD MITCHELL, M.D.

CHICAGO.

MAN'S inhumanity to his kidneys makes countless millions mourn. This reflection has come over me after examining the urine of many men too actively engaged in business. Now, the stomach and bowels, when abused, make themselves felt. They "turn again and rend you." But the kidneys hide their grief from vulgar gaze and pine away and die. Signs of sorrow may at times, nevertheless, be detected by those familiar with the character and constitution of the long-suffering kidney.

I cannot fail to recognize certain points of resemblance in the various specimens which have come under my observation. The urine of the over-worked and over-fed American business man usually shows in the beginning, before any renal disease is actually present, the following characteristics:

The *total quantity of urine* for the twenty-four hours is *greatly reduced*, sometimes to half the normal quantity. The *color* is usually, therefore, *darker than normal*, and there is an *abundant sediment* in which *urates, uric acid*, and often *calcium oxalate* may be seen with the microscope. The urine being diminished in quantity and the *acidity* relatively increased, the urates and uric acid cannot be held in solution as they ought to be. Estimation of the *total quantity of urea* will almost invariably show this substance to be *diminished* to a figure considerably below normal.*

My method of examination of such urine is, first, to cause the urine of twenty-four hours to be collected and brought to me. I measure it in an accurately graduated jar. Next, the total solids are calculated and compared with the normal range, 55 to 75 grammes. Next, the total urea is estimated by the hypobromite process and compared with the normal range, 20 to 40 grammes. But I ascertain what would probably be the normal urea figure for each particular patient by multiplying his weight in pounds by the proper co-efficient. As I have often shown, $3\frac{1}{2}$ grains to the pound is about the normal average for those between 120 and 160 pounds. In cases where the *acidity* of the urine

is very noticeable, I estimate this by the volumetric method, and from time to time repeat the operation to observe the effect of diet and treatment.

Testing the urine with delicate tests, for *albumin* and *sugar*, and examining the sediment for *crystalline* constituents must next be done. Perceptible traces of albumin and sugar I occasionally find in the urine of hyper-active business men, but in many cases both these constituents are as yet absent. I say "as yet," for sometimes, if all warnings are unheeded, one or the other of these unwelcome visitors in time, may make its appearance. I regard persistent decrease in both fluids and solids of the urine of great significance in those who eat heartily and exercise little. It is not necessary that either albumin or sugar be present; there is enough trouble without them. *When a man of average weight voids daily no more urea than we find in the urine of a delicate woman or a bed-ridden patient*, it is time to cry "halt." As a rule, however, the man himself will be vaguely conscious that "something is the matter with him," though the kidney is never suspected of being at fault.

I have found that these patients with diminished urea and crystalline sediments have all sorts of aches and pains. Headache is a very common concomitant. Sleeplessness is another. If I could have my own way I would estimate the urea in the urine of every patient in the country suffering from insomnia or restless, unrefreshing sleep. Professor Dowling, in his paper on Lithæmia, has commented on the same thing. Not all insomnia is due to lithæmia, but many cases, apparently hopeless, could be helped were the condition properly understood. Much bromide of potash would yet rest peacefully in the pharmacist's bottles undisturbed by apostles of palliative treatment.

When among the various persistent aches and pains *backache* is felt, then the patient rushes in terror to the nearest doctor and has his urine "analyzed." Now is the time to put the enemy to flight, but often, unfortunately, because forsooth, albumin and sugar are absent, the patient is told that "nothing is the matter with his urine."

A number of cases taken directly from my own records will now be quoted as illustrations. Bear in mind the following data:

Average *normal* quantity of urine, 1200 to 1500 cubic centimetres.

Average range of solids, 55 to 75 grammes.

* The *percentage* of urea may be normal, or even higher than normal, and care is very necessary in these cases to distinguish between the *percentage* and the *total quantity*. See my article, "Fallacies in Urinary Analysis," in the *Hahnemannian* of July, 1888.

Average range of urea, 20 to 40 grammes according to weight.

Case 1.—Weight of patient, 160 pounds.

Total urine in 24 hours, 1050 cubic centimetres.

Total solids, 38 grammes.

Total urea, 19 grammes.

Albumin, trace.

Deficiencies: In total urine nearly 200 c.c. from minimum normal average; in solids, 17 grammes from minimum normal; in urea, 1 gramme from minimum normal. But the patient's weight being 160 pounds he should void 34 grammes of urea, therefore the deficiency in this particular case was really 15 grammes.

Three estimations of the urine from the same patient, taken at different times, showed about the same condition.

Case 2.—Patient has numerous slight ailments. Says "cold is his worst enemy."

Total urine, first day, 793 c.c.

" " second " 708 c.c.

" " third " 546 c.c.

Sediment contains jagged crystals of uric acid.

In this case only about one-third the normal quantity of urine was voided for three consecutive days. Patient said that as a rule he did not void much urine. (Urea not estimated.)

Case 3.—Total quantity in 24 hours, 945 cubic centimetres

Total solids, 53 grammes.

Urea not estimated. In this case the reduction in fluid was greater than that of the solids. The sediment contained *all kinds of calcium oxalate crystals*: spherical, oval, dumb-bell and octahedral. In three months' treatment considerable improvement, 24 hours' urine just doubled and the calcium oxalate scanty.

Case 4.—Elderly gentleman who has led a busy life and taken little air, exercise or recreation.

Total urine in 24 hours but 530 cubic centimetres. Solids, 32 grammes. Urea, *only 9 grammes*. [Later reports from this case would indicate appearance of albumin, and from what I can learn he is now suffering from a well pronounced kidney lesion.]

Case 5.—Very intelligent gentleman, university graduate, who for several years has had a noteworthy sediment of urates and uric acid. Specific quantity of *morning* urine, 1040. No sugar, but loaded with urates and free uric acid. [No estimates made the first time, but some weeks later 24 hours' urine was obtained.]

Total urine only 500 c.c.

Total solids, 32 grammes.

The patient was greatly helped by reduction of meat in his diet. After a week's total abstinence from meat no uric acid could be seen with the naked eye in his urine, while before this for several years he had noticed it constantly.*

Case 6.—Case sent by Dr. N. B. Delamater. History of close confinement at business. Various pains complained of: in occiput, and lower end of spinal cord; drawing, contracting pains in left leg. General feeling of tension.

Total urine, 738 cubic centimetres.

Total solids, 52 grammes.

Total urea, 24 grammes.

Case 7.—No history obtainable by me other than the usual story of close confinement at business.

Total urine, 870 c.c.

Total solids, 54 grammes.

Total urea, 24 grammes.

Urine of a rich color and contains sediment of urates and calcium oxalate.

Case 8.—Weight of patient, 200 pounds.

Total urine, 974 c.c.

Total solids, 58 grammes.

Total urea, 27 grammes.

(Should expect 38 grammes.)

This specimen showed a distinct case of albumin.

Case 9.—Typical case of defective oxidation. Patient fleshy and indisposed to exercise.

Total urine, 679 c.c.

Total solids, 28½ grammes.

Total urea, 11½ grammes.

Albumin distinct. No casts. Sediment amorphous phosphates.

After three months' treatment:

Total urine, 1652 c.c.

Total solids, 72 grammes.

Total urea, 28 grammes.

Albumin, *faint* trace only.

Case 10.—Patient, young man and tolerably active, but eats very heartily; especially given to meat diet. Eats meat freely three times a day. Complains of dull aching pains in the back in region of sacrum.

Total urine, 738 c.c.

Total solids, 37 grammes.

Total urea, 23 grammes.

Sediment: free uric acid, urates, calcium oxalate, (octahedral crystals).

Of these ten cases all were on their feet, and most of them actively engaged in business at the time the examinations were made.

*It has been argued that meat itself is not so bad in these cases, but when associated with too great a quantity of other food it is but imperfectly oxidized in the body.

THUJA OCCIDENTALIS AND ITS CLINICAL IMPORTANCE.

By T. GRISWOLD COMSTOCK, M.A., M.D., Ph.D.

ST. LOUIS.

THUJA, commonly known as arbor vitæ, and white cedar, grows in swampy grounds in Pennsylvania, and may be seen flourishing among the plants and shrubs that are so much admired in Shaw's boulevards in St. Louis. It is a remedy but little used by the old school, and we are indebted to Hahnemann for a knowledge of its virtues. The older physicians of our school have used it for sycosis or condylomatous fig-warts. These sycotic excrescences have not been well defined. They appear after gonorrhœa, and are not to be regarded as syphilitic; they occasionally develop to a large size, and in two instances that came under my observation they were like a large sponge, completely enveloping the penis. In the form of true condylomata, they are found particularly about the anus, and when located here they are undoubtedly sequelæ of syphilis. Sycosis, or fig-warts, as they appear upon the penis or vulva, usually disappear after applications of fluid extract of Thuja; but, if they are multiple, and disseminated, they should first be excised and then Thuja should be applied. Occasionally, these fig-warts are very refractory and liable to recur.

The recent provings of Thuja confirm Hahnemann's statement that it acts particularly upon the skin, genito-urinary organs and anus. Internally, it is useful for blenorrhœa, and refractory gonorrhœa. Locally, it is excellent in phagedena of the penis the result of hard chancre. The phagedena should be dusted twice daily with *Aquila alba*, and then dressed with Thuja. When the phagedena is intensely painful, as is frequently the case, the pain should be allayed by applying Cocaine. In senile gangrene affecting the big-toe of old persons, Thuja is the best application that I know of to allay the horrible smell usually attending it, and it undoubtedly possesses specific properties in staying this deadly disease. In epithelioma it is worthy of trial, and I have already used it in three very suspicious cases with satisfactory results. In uterine cancer it seems to allay the fetor, and certainly has a sanitary influence in perhaps holding the disease in check. In pruritus ani I have found it better than any other remedy that I have ever tried. In making such a positive statement it may be well to add, that I have heretofore used and recommended for this purpose Hydro-naphthol, which is reliable as an anti-pruritic in

most cases, but it occasionally fails; when this is the case I resort to Thuja, and it seems to act better than Hydro-naphthol. When Thuja is applied to a bad case of pruritis ani, at first it greatly aggravates the itching, and this aggravation lasts from five minutes to half an hour, when the greatest relief will follow. To effect a cure of refractory cases of this distressing trouble, it is my custom to employ the galvanic current (the cathode being applied to the anus), once daily, and then apply a dressing of borated cotton saturated with Thuja. Some seven to ten cells of McIntosh's battery may be used. In pruritus vulvæ, the same treatment may be employed with good effect, alternating applications of Thuja with Hydro-naphthol.

In carbuncle, Thuja will be found useful when applied locally and is better than Carbolic acid for this purpose. In rheumatic affections after gonorrhœa, in some cases, it seems to be specific when given internally. In the very worst forms of ozœna, it allays the foul odor, and it is recommended as a gargle for bad breath. In malignant diphtheria, from what we know of it in other affections, I should be disposed (theoretically) to apply it locally, that is to say, if Peroxide of hydrogen failed to relieve and allay the fetor accompanying this dreaded disease.

409 N. GRAND AVE.
(BEERS' HOTEL.)

THE IMPORTANCE OF AN ACCURATE DIAGNOSIS AND CAREFUL OBSERVATION OF PATHOLOGICAL CHANGES IN VARIOUS FORMS OF DISEASE, VIEWED FROM A SURGICAL STANDPOINT.

By GEO. A. HALL, M.D.

CHICAGO.

[Read before the Illinois Homœopathic Medical Association.]

THE full import of this subject is appreciated only by the surgeon. It is in this department of practice that we are compelled to deal with the unfortunate who have been misguided, and not permitted to know the nature, progress, or probable termination of their ailments. The natural dread of a surgical operation makes the patient a willing listener to ill-considered advice, and thus, lulled into a state of indifference, he drifts along until more threatening symptoms appear, and then he is rushed off to the surgeon for consultation.

Nearly all surgical diseases, in their first stages, are treated by the general practitioner, and for this reason I desire to stimulate a more earnest determination on the part of the profession to make themselves familiar with advanced views of surgical pathology and the more

modern methods of diagnosis. Should the case be an exceptional one, or should it present features which he does not understand, consultation and advice should be sought from those who have had a larger experience. Such a course, generally adopted by the profession, would greatly diminish the mortality of surgical operations. It is with this thought in view that I present a few typical cases to illustrate the danger and risk of faulty diagnosis and unfortunate treatment in the early history of morbid growths.

CASE 1. Mr. A, *æt.* 21, while in Washington Territory, had what he supposed to be a wart just behind the ear, at the base of the mastoid process. An English physician residing in his neighborhood assured him it could be cured without pain or danger. It was ligated with a piece of sewing-silk and caustic was applied to the stump. But it refused to heal, it rapidly enlarged, and assumed an angry appearance. Three months later he returned to his home in this state. The tumor at this time had grown to the size of a hen's-egg, was of a very dark, livid color, and extended deep into the surrounding tissue. Several surgeons advised its immediate removal, but the father, having heard flattering accounts of a cancer-doctor near by, took his son to him for treatment. The "doctor" assured him of its safe removal by plasters, and the fiendish work began. Six weeks after the first application of plasters I saw the patient, who then had an eschar three and one-half inches in vertical diameter by three and three-quarters transversely. It extended down deeply into the inner triangle of the neck.

My opinion was asked, and I expressed great astonishment at his reckless daring in applying plasters to this vascular locality. One week later I was summoned in great haste and found that the external jugular vein had been literally eaten off by the caustic plaster, and the patient was in an exsanguine condition as a result of hemorrhage. In this extreme condition the free use of milk-punch was resorted to, and when the circulation was sufficiently restored to warrant the use of ether I removed the diseased tissue which remained, together with the parotid gland and the cervical plexus of lymphatics, which had become involved. The disease had apparently progressed faster than the destruction of the tissue by the plasters. The patient survived the operation only a few hours, sinking rapidly after the discontinuance of the ether, despite all efforts for his restoration.

CASE 2. Miss K., *æt.* 16, had for several years an excrescence on the tarso-metatarsal articulation of the third toe. She suffered but little inconvenience except from the chafing of the shoe. In the spring of 1886 it was stepped upon by a colt. By the next year it was as large as a dove's egg, and was operated upon by the family physician. For a while the wound seemed to heal, then a dark spot appeared, and soon it developed into a large fungous growth. In a few months after this operation the case came under my charge. The tumor was then a cauliflower excrescence, oval in shape, and about four and one-half inches in diameter. The discharge was sanious and very offensive. The limb was amputated at the middle third of the leg. The inguinal glands, both deep and superficial, were greatly indurated, extending down into the pelvic cavity. The stump healed quite readily and the patient returned home to meet the inevitable, which is sure to come.

CASE 3. Mr. T., *æt.* 62, had a warty excrescence just in front of the lobe of the ear. It very soon became fissured, and he was treated for two years with various plasters and lotions. An ulcer formed at the margin of the upper border of the ear, which gradually involved the whole external ear and extended down the ramus of the inferior maxillary to the angle, and then obliquely down and back of the ear for about two inches. It also extended upward and backward to the insertion of the sterno-cleido-mastoid muscle. It had refused to heal under all forms of treatment. When he came under my care I operated at once. The entire mass of ulcerated surface was removed down to healthy tissue, including, at the same time, a great portion of the external ear. The auditory canal was curetted to the middle ear. The wound was dressed for two months with tar plaster, and the result was decidedly satisfactory.

CASE 4. Mrs. H., *æt.* 43, had for some time observed a hard spot near the center of the calf of the left leg. For two years it caused no particular inconvenience other than sharp, lancinating pains, which seemed to "shoot up and down the limb." An unfortunate blow, exciting inflammatory action, was the beginning of more rapid growth. Her physician assured her that there was no danger and that he certainly could cure it with remedies, and hence no local applications were made. For thirteen months she followed his advice strictly, with a rapid increase of the growth as a result.

In January last she returned to this city and was placed in the hands of one of our best pre-

scribers. At this time, however, the tumor was quite large and more painful. In vain did the doctor endeavor to arrest this morbid process by judicious prescribing. Last March I was called to see the case. The limb at this time was flexed upon the thigh and the thigh upon the body. A large fungous mass involved the entire muscular portion of the calf of the leg, dipping down to the bone. The pain had now become so severe that the patient found no relief day or night. She had marked cachexia and other evidences of rapid constitutional involvement. To save her life I advised amputation, and the limb was removed just below the insertion of the ligamentum patellæ.

In the case of tumors or morbid growths, it may be quite difficult, in their early history, for even the most experienced to declare positively as to their nature. It is, therefore, a safe procedure for the general practitioner, whose attention may be called to a nodule in the breast or an excrescence on the surface, to note carefully its progress and avoid all irritating applications until he is convinced that its removal is impossible by remedial measures. Then he should advise its removal by the knife at once. Some may ask if escharotics must always be avoided. To this I would give an affirmative answer. I have never seen a case of morbid growth or malignant ulcer that could not be removed by the knife with greater safety, attended by less pain and followed by better results, than by the use of escharotics and plasters. It is unfortunate that patients, through fear or prejudice, exercise their own choice and resort to the caustic applications. In such cases, however, the patient assumes the responsibility and the physician is free from any censure.

In addition to the above arguments, it can be said that in removing growths from the face or exposed portions of the body by means of the knife, we avoid the frightful cicatrization and deformities caused by plasters and other forms of escharotics. The plaster will destroy, but it will not restore. The clean incision will remove the disease and restore the parts without serious deformity.

In the case of accident or traumatism, especially those involving the joints and osseous structure, the necessity of accurate diagnosis cannot be questioned. It is in this class of injuries that we find our largest number of malpractice suits, hence the greater need of observation, experience and consultation. When these considerations are kept in mind by the profession, many valuable lives will be saved and a better record will be made by surgeons.

2400 PRAIRIE AVENUE.

RUPTURE OF THE UTERUS IN THE FIRST STAGE OF LABOR.

[Case from notes taken in the Clinique d' Accouchement, Paris, Service of Prof. Pajot.]

BY LUCY WAITE, M.D.

CHICAGO.

CASE 14.—The patient was thirty-four years old, in her fourth pregnancy. There was a history of hard labors, two being instrumental deliveries. Nothing remarkable in the present pregnancy, and labor progressed naturally, although slowly, until about half an hour before rupture took place. The pains increased in severity without any corresponding advance in labor, the patient became weak and exhausted, and showed signs of sinking. The head was still high, the os not fully dilated, and before the course of treatment was decided upon, the rupture occurred. The face became deathly pale, the pulse small and weak, the skin was covered with a cold perspiration, and the nausea and vomiting were most distressing. The fœtus had escaped only partially into the abdominal cavity, and an attempt was made to deliver by the forceps through the vagina. This failing, and the symptoms becoming every minute more alarming, it was decided to proceed without delay to gastrotomy, but before the operation could be begun the patient died suddenly, supposedly from internal hemorrhage.

Remarks, by the First Assistant, Dr. Loviot:— This is, without doubt, the gravest accident the accoucheur is called upon to meet. Fortunately it is a very rare occurrence. Statistics vary greatly according to different authors; one, an English writer, making it as high as one in about nine hundred and fifty cases, others only one in three thousand.

For convenience of diagnosis and treatment we adopt the following division: (a) rupture during pregnancy; (b) rupture during parturition. The causes of rupture during pregnancy may be classed as *predisposing* and *determining*. The most frequent of the former are, old lesions, the result of former labors; tumors of uterus; and abnormal thinness or thickness of the uterine walls. Under the *determining* causes may be classed all those of traumatic origin, external or internal. Some authors class under traumatic, those caused by the convulsive movements of the fœtus, but as this alone can never cause a rupture without a predisposing cause, it belongs, more properly, under the first division.

The symptoms vary according to the period of pregnancy, but in general they are as follows: In the prodromal stage a general feeling of distress, more or less abdominal pain, and fever

This period is followed by the second, with intense, sudden pain, a sensation as of something tearing in the abdomen, and a cracking sound which is plainly heard, chill and violent trembling, followed by a cold sweat, with either hemorrhage per vulva or internal hemorrhage, and persistent vomiting. If the rupture takes place in the later months of pregnancy the fœtus may be felt in the abdominal cavity. If it is dead it remains there as a foreign body. This condition may continue for hours, or even days, and the woman die from peritonitis, or septicæmia, or death may result immediately from internal hemorrhage. The treatment is the same as for rupture during parturition, so far as possible, and will be given under that division.

Rupture during labor may take place in any of the three stages. As determining causes are: a prolonged labor, the immoderate and inopportune use of Ergot, forced introduction of the hand, and clumsy application of the forceps or cephalotribe. The rupture usually takes place in the lower segment of the uterus, as the muscular tissue is there thinner and put more on the stretch. The body of the uterus has sometimes been torn completely from the neck. The general symptoms are the same as in rupture during pregnancy, with additional symptoms according to the period of labor. If in the first period, we have complete cessation of the pains, closure of the orifice which had previously been gradually expanding; and, if the child has escaped from the uterine cavity, a large tumor on the one side and the contracted uterus on the other.

It is often impossible to diagnose an approaching rupture. After the rupture has occurred the signs are unmistakable.

Treatment.—There is probably no one subject in obstetrics in regard to which physicians differ so widely as the treatment in a case of rupture of the uterus during parturition. We divide the treatment into—first, preventive; second, obstetrical; third, after-treatment.

The preventive treatment consists in standing guard over any abnormal conditions which may favor a rupture. If the walls of the uterus are abnormally thin and very much distended with liquor amnii, it is well to make a small puncture and draw off a very little of the fluid. If there is a decided disproportion between pelvis and fœtus, craniotomy should be performed early.

The obstetrical treatment will depend upon the following conditions: first, if the child still

remains in the uterus; second, if the child has passed partly into the peritoneal cavity, and third, if it is completely outside of the uterine cavity.

If the child remains in place, it is self-evident that the first duty of the physician is the extraction, either by forceps or by version, according to the presentation and degree of engagement. If there is an unavoidable obstacle to the delivery by forceps or version, and the child is dead, craniotomy is the proper operation beyond a doubt. But if the child lives, and, as the life of the mother is already a doubtful question, gastrotomy should be preferred to craniotomy, and the life of the child saved.

In the second case, where the fœtus has passed partly into the peritoneal cavity, an attempt should be made to deliver through the parturient canal; if this fails, Cæsarean section is the last resort.

In the third case, where the fœtus has escaped entirely into the peritoneal cavity, opinions differ as to the most advisable operation. Bandl, Schroeder and other German authors say that an attempt to deliver the fœtus through the natural canal should always be made, as being less dangerous than the opening of the abdominal cavity. The English and American obstetricians however, take the opposite ground, maintaining that in every case of uterine rupture where the fœtus has escaped wholly or in part into the abdominal cavity, gastrotomy offers the best chance of saving the mother. As the uterus is already torn and the peritoneum opened, the only additional danger is the opening of the abdominal parietes, which offers an opportunity of sponging out the abdominal cavity and removing blood-clots, as in ovariectomy. The last method of treatment, the expectant plan, means sure death to both mother and child. The after-treatment consists in seeking to prevent peritonitis and septicæmia, and keeping up the strength of the patient by suitable nourishment.

5306 Jefferson Avenue.

1. It is physiologically proven that the nervous system directly affects general nutrition.
2. Various lesions are the immediate result of previous nerve disease.
3. In various cases the lesions are not preceded by circulatory disturbance.
4. No known vaso-motor condition is capable of causing many of these lesions.
5. Therefore it is absurd to attribute changes to preceding vaso-motor changes.—*Dr. Wood.*

SUNSTROKE.

BY W. A. KALER, M.D.

JOLIET, ILL.

NOT satisfied with the results of customary treatment of sunstroke, I determined to try Jaborandi in physiological doses, on account of its power to produce perspiration and lower the temperature. I soon had an opportunity.

June 21, '88, H. W. T., No. 8896, fell out of line on the march from the cell-house to the working-shop, after dinner, and was lifted up and carried to the hospital. At 1 P. M. he was semi-conscious; could give his name and answer questions; spoke sharply, then relapsed into stupor. Skin very dry and hot; pulse hard and wiry, and 144 to the minute; temperature 103°; pupils normal.

Gave 20 minims fl. ex. Jaborandi in a teaspoonful of warm water, and applied ice-bags to the head and over the carotid arteries.

1:15 P. M.—Slightly delirious; moaned and called for water, and pressed his hands to his head and chest; considerable flow of saliva; skin still dry.

10 minims fl. ex. Jaborandi in a little water.

1:30 P. M.—Pulse 120; temperature 102°; skin slightly moist; condition otherwise unchanged.

1:45 P. M.—Removed the ice-bags and gave 15 minims fl. ex. Jaborandi in water.

2:30 P. M.—Pulse 108; temperature 100 5-10°; skin moist.

4 P. M.—Pulse 96; temperature 99°.

5:30 P. M.—Mind clear; skin rather dry; ate a little hot milk and bread.

R. Aconite nap. 2x every hour.

6:30 P. M.—Temperature 98 5-10°. Complained of slight pain in the chest.

June 22, 7 A. M.—Pulse 66; temperature 98 1-10°; slept well and ate fair breakfast.

Discharged from the hospital, but relieved from duty until June 23, when he resumed work.

This was a mild case, but recovery was so prompt that, if I had had another, I should have followed the same treatment. Fortunately the weather turned cool and no more cases occurred.

If another case of sunstroke is presented I shall use the Hydrochlorate of pilocarpin, which acts more promptly and can be given by subcutaneous injection. This is a consideration when the patient is unconscious.

ILLINOIS STATE PENITENTIARY.

ATROPIA AS A PROPHYLACTIC FOR SCAR-LATINA.

BY W. D. GENTRY, M.D.

KANSAS CITY, MO.

WHILE physician to the Children's Home in this city three years ago, when there were about fifty children in the institution, a child just from Ohio was received, and three days afterwards was taken sick with scarlatina. I did not recognize the disease until the next day, when she was removed to an isolated room. The following day two other children were taken down, and that night two others. As soon as I discovered the character of the disease I mixed two or three grains of the second potency of Atropine in a tumbler of water and had all the children in the institution take a teaspoonful every three hours for two days. This put an end to the disease in the house. I have since used the Atropine as a preventative in families where the disease occurred and no child or person who took the medicine had the disease. I regard it as a certain preventative and far better than the Belladonna.

RECTAL IRRIGATION.

BY HENRY SHERRY, M.D.

CHICAGO.

MOIST heat is a recognized agent in the treatment of hyperæmic and inflamed tissues, as witness the every-day use of hot poultices and fomentations, as well as the more modern method of applying heat by the use of rubber tubing as a coil for the knee-joint and as a mat for the abdomen.

Having several cases of simple proctitis with ulceration and mucorrhœa, and believing that the best method of treating them would be by the use of continuous hot water irrigation, I had devised and made for me a rectal irrigator, by Hausmann, McComb & Dunn, of this city. It consists of a perforated hard-rubber cylinder, through which the water is discharged into the cavity of the rectum. Within this larger cylinder is a smaller one, through which the excess of flow is drained off.



The arrows in the cut show the inflow and outflow of the fluid.

3616 STANTON AVENUE.



BY THOROLD KING.

CHAPTER V.

THE PRICE OF HONOR.

AMONG those who were gathered in Mrs. Hardy's parlor on the evening of Austin's arrival were three with whom the reader is not yet acquainted.

Madge Irving, one of those, was a strikingly handsome girl. Although a blonde, she was gifted with that rare combination of light hair and dark eyes which nature occasionally bestows upon her favorites. Her lips, when parted, displayed rows of perfect teeth; when closed, their firm compression emphasized the presence in her character of the element of strong determination. Her perfect self-poise and ease of action revealed a conscious power which her regular features and expressive face helped to confirm.

Although the element of strength in her character was so pronounced, yet her limited experience in the affairs of the world had, thus far, permitted but light demand to be made upon it. It had served its chief purpose in preserving her naturalness while surrounded by those conditions which are supposed to be fatal to such a result in one who is young, beautiful, and the only daughter of an indulgent father.

Between this girl and her friend Helene Evarts there was sufficient likeness to permit a mutual understanding, which formed the basis of a congenial friendship. On the other hand, there were sufficient contrasts of character to enable the one to understand the other a little better than she understood herself, and thus to strengthen their bond of union by making them mutually considerate. Helene, though capable of deeper feeling, was less aggressive than Madge. Madge would be quick to resent an injury, but would almost as quickly forgive, and soon forget; Helene would be slow to forgive, and would never forget.

Dora Macy sat near Helene, resting her arm on the latter's chair. An artist would have placed her in that position for the sake of the contrast—a blonde and a brunette. Dora had dark eyes, dark and curly hair, and a face expressive of intelligence rather than of beauty. In appearance and manner, the ordinary observer would have called her indifferent; those who knew her better, interesting; while she became charming only to those who had learned to love her.

Dora had always been regarded as being "peculiar." For the sake of indulgence in her tastes, which were inclined to the literary, she had neglected many of those accomplishments which "society" demands. In a word, she was non-conventional: therein lay her peculiarity.

Gordon Wright, the man upon whom Madge had bestowed her affections, and to whom she was betrothed, sat next to her. Although his countenance showed plain marks of the depressing emotions under which he labored, it also revealed the face of a man who, under all ordinary circumstances, had perfect command of himself. His smooth-shaven face was naturally round and full, though now, as the effect of many anxious days and sleepless nights, his cheeks were hollow and his gray eyes slightly sunken.

Austin had finished his narrative, and all had gathered closely about the table in the center of the room to examine the promised display.

Opening his coat, and taking from about his waist a wide leather belt which, he said, he was accustomed to wear beneath all his clothing, Austin laid it upon the table and produced from one of the many pockets in its margin a small parcel, from which he removed a rubber band, and then several layers of soft and softer paper. This process was repeated until there appeared two rolls of cotton which, when separated, revealed a mass of sparkling stones, almost dazzling in their splendor, as they threw back, scattered in a thousand rainbow hues, the brilliant light of the chandelier.

At the sight, all uttered exclamations of surprise, and the ladies could not have bent over the wrappings with more eager interest had their careful unfolding brought to light a nest of little babies.

Some of the larger stones had distinct histories, and even the dates of their finding, like the discovery of continents, were matters of record. All these items Austin carefully detailed.

While those who were gathered about the table in Mrs. Hardy's parlors were absorbed in the examination of the freshly-opened parcel, there was, for a moment, another presence in the room.

First a foot was extended, as though quietly feeling its way. After the foot was duly placed it was surmounted by the body and form of a man who, evidently, did not expect to find himself in so numerous a company, for, unobserved, he quickly withdrew, as quietly as he had entered.

But after this form had disappeared from the room, the little upright line of light which showed through the narrow crack where the door hinged against the jamb, was for several minutes eclipsed. Had those about the table been less intent in their examination of the precious stones they might have observed through this crack, almost six feet above the floor, a flashing jewel which sparkled even as the diamonds did.

Austin now took from another pocket in the belt a parcel, which, when opened, revealed a number of dull, uninteresting stones, which one might almost expect to pass unnoticed on a pebbly beach.

"The diamonds which I have already shown you," said he, "I sent to London last winter to be cut; but these," he explained, "are diamonds 'in the rough,' just as they come from the mine."

"And were all these beautiful gems cut from such rough-looking stones?" asked Dora.

"Yes," replied Austin; "just as a sculptor may carve a graceful statue from an awkward block of marble."

"Really?" asked Helene, as though seeking further confirmation. "How interesting that is!" she added, as she took up the largest one and examined it closely.

"But now please tell us, Mr. Hardy," said Madge, "which is the finest diamond of them all?"

"That, like the choicest wine at the feast, I have reserved until the last," replied Austin, proceeding to take from a narrow pocket in the belt a parcel smaller than the others. As he was removing its wrappings, he added: "I had intended leaving all these at the bank on my arrival in the city, but when I left the custom-house it was too late by an hour. Hence, you see, it is only to an accident that you owe this display to-night."

At length he brought to view a sparkling brilliant.

"Here it is," said he; "the largest diamond ever taken from our mine!"

"O, how beautiful!" cried Helene, whose exclamation was echoed by all. "How it sparkles! Let me take it in my hand, please?"

Helene received it, and placed it against the third finger of her left hand, as though it were an immense setting in a ring.

Madge, in turn, extended her hand to receive it.

"May I take it? O, what a magnificent stone! What is its value, Mr. Hardy, expressed in paltry dollars?"

"An offer of twenty thousand has been declined. Some day I expect to sell it for more than that."

At this moment Madge placed the gem in the hand of Gordon, who sat next to her.

"See, Gordon," said she, "it's nothing but a stone."

"Nothing but a stone!" repeated Gordon. "Nothing but a stone! And yet it may hold the price of a man's honor."

Extending his outstretched palm, and averting his head, he cried, excitedly:

"Take it away! Riches that are not ours only mock us! O, take it — it burns my hand!"

Madge quickly took the diamond, while Kenneth arose from his seat and stepped to Gordon's side.

"Come, Gordon," said he, gently, "I fear you are not well to-night. Let me go to your room with you?"

At this Gordon arose and put his hand to his forehead.

"O, yes, I am perfectly well — only a sudden headache — that's all. But I will go. Good night!" And, accompanied by Kenneth, he left the room just as the line of light in the crack of the door passed from eclipse.

When the two had disappeared, Madge in a voice trembling with emotion, cried:

"It is all my fault! How could I have been so thoughtless!"

Mrs. Hardy made a kind but ineffectual effort to comfort the distressed girl, while Helene and Dora, whose quicker instincts divined the uselessness of such an attempt, after a few words gently led her from the room. They knew that Madge would find relief only in tears.

CHAPTER VI.

"THEN SHED YOUR TEARS FOR ME."

AS soon as the young ladies had gone Austin hastily gathered up the diamonds which had been the exciting cause of the unhappy

incident, and, restoring them to the belt, placed the latter beneath his tightly buttoned coat.

"I am very sorry," said he, "that the evening should have terminated so unfortunately for Gordon and Madge."

"Yes, but no one could have foreseen it," said Mrs. Hardy. "However, its effects, I think, will not be permanent."

"I hope so, sincerely, for it is plain that Gordon's present burden is all that he can bear."

"Yes, and more than he deserves. Poor fellow! he tries hard to rally from his depression!"

"With that girl to encourage him, he should meet with greater success," remarked Austin.

"Yes, I quite agree with you; although it is a view of the subject which would be more apt to occur to you than to me," said his mother, smiling.

"You will be still more inclined, mother, to understand my appreciation of the sentiment in the case, when you learn what I had begun to tell you this evening."

"Ah!" exclaimed Mrs. Hardy, in evident surprise, "I had not suspected that it was of that nature!"

"Did you not?" said Austin, as though enjoying keeping her in ignorance of the main point as long as possible. "Then you shall have the mystery solved."

Austin began his disclosure by stating a truism, which, though as old as the race, he no doubt thought that he was formulating for the first time.

"I believe," said he, "that no man goes through life—whatever the end may be—without at some time feeling that the love of some good woman is necessary to the completion of his happiness."

"Yes," assented Mrs. Hardy.

"At least that has been my experience," he continued; "and the feeling has grown until it has become the one thought of my existence. Five years ago, when I went thousands of miles from home, I carried with me an image which had already impressed itself on my life, and from that day to this it has been constantly with me. My return to my native land was first prompted by its memory, which I found it impossible longer to resist."

Mrs. Hardy listened with expectant attention, seeming to study a figure in the carpet. As Austin paused she looked up into his face

with evident pride, and yet with that apprehensive sense of coming loss and divided affections which a mother, under such circumstances, instinctively feels.

"She is a fortunate being, Austin, who has awakened such feelings in your breast. Go on; tell me more of her."

"There is little more to tell," continued Austin, speaking rapidly and earnestly. "In childhood I was jealous of her every glance not mine. When she was still very young I left home, but, unknown to anyone—even to herself—I have loved her all these years with a love which time and distance have served only to intensify. I return to find that she has blossomed into a beautiful womanhood, of which this image," said he, taking from his pocket a picture, "is but the bud of promise."

Mrs. Hardy glanced an instant at the card which was placed in her hand, then dropped it suddenly and looked up at her son with an expression of mingled pain and solicitude.

"Helene!" she cried.

"Mother! What is it?" gasped Austin, almost in an agony of suspense.

Mrs. Hardy extended her arms and rested her tightly clasped hands upon her knee. Not trusting herself to look up again, she only groaned in anguish:

"O, my poor boy!"

"Mother, tell me!" cried Austin, becoming more and more excited.

Still she was silent.

"Helene is mine, and no man on earth shall take her from me!" cried Austin.

Mrs. Hardy could but clench her hands more tightly. But, as soon as she could summon strength to speak, her words struggled for utterance as she slowly said:

"I know not for which my tears should flow, for you—or—your brother Kenneth!"

"Kenneth!" cried Austin, starting to his feet.

For a few moments he panted with quickly-drawn breath, while his muscles played convulsively under the sway of the mingled emotions which filled his breast. Then slowly sinking into his chair, he bowed his head upon the table and buried his face in his hands, as he said, in a choking voice:

"Then, mother, shed your tears for me!"

Mrs. Hardy waited for the storm to subside before attempting to offer consolation or sym-

pathy. Then kneeling at his side, with one arm over his shoulder, she whispered, tenderly:

"My dear boy, my heart bleeds for you, but I know not what to say!"

The privacy of the conversation which had thus been passing between mother and son had, so far as they knew, been undisturbed. And it would have been well if no part of it had fallen on other ears than theirs. But Kenneth, after having spent some time with Gordon, at the latter's urgent request left him in order to rejoin the company in the room below. As he approached the door of the parlor in the lower hall-way he heard the voices of his mother and brother within. Something in their tones which seemed to betray unusual excitement led him to quicken his steps, and he was almost across the threshold when he heard from his brother's lips words which went to his heart like a knife: "*Helene is mine, and no man on earth shall take her from me!*"

Almost stunned by the sudden blow which these words conveyed, he checked himself, and for a moment listened. There came from his mother no word of explanation or of remonstrance. A sense of faintness came over him, and fearing lest he should be noticed, and his agitation observed, he slowly withdrew, partially supporting himself along the wall, and made his way to his own room, which was not far distant.

Austin and his mother, unconscious of the silent scene which had been enacted so near by, for a long time remained too deeply moved to speak.

Finally, raising himself slightly, Austin returned the caress which accompanied his mother's last words, and said, in a husky voice:

"O, mother, there is nothing you can say to comfort me! Were it anyone else in the world, I would contest the prize, and let her heart decide between him and me. But I will not take the chance of wrecking my brother's happiness in a blind attempt to assure my own!"

Mrs. Hardy did not reply. She only shed tears of sympathy for her suffering boy.

"Mother, I am calmer now," said Austin. "Tell me about it."

"The story is soon told," replied his mother. "Kenneth has always been very fond of Helene, and on his return from Paris for his first summer vacation, he told her his hopes; but she,

without an absolute negative, deferred her answer. The next year the subject was reopened, but she seemed more reluctant than before. Last spring, however, having finished his course and returned home permanently, he won from her a consenting answer. This occurred shortly before your father's illness, and amidst the many events which followed little has been said on the subject.

"Once, only, Kenneth let fall a remark which led me to suspect that he might have some misgivings in his mind. I was not certain, and may have inferred too much, but I took pains to say what I could to allay any apprehensions that he may have felt.

"Helene, it is true, gave reluctant consent, and for a long time was unusually reserved. I myself did not understand it at first, but, on consideration, I have become convinced that it was due to the promptings of her own sensitive nature. Knowing the peculiar position which she occupies in our family, and knowing that Kenneth's association with her is the result of what she considers to be kindness on the part of your father and myself, she feared lest he should make a mistake which would some day cause them both deep and permanent regret.

"Helene is, I think, just beginning to outgrow this feeling, though I am satisfied that she has all the time been sure of her own heart; while Kenneth, more impatient than she, and with no such motive for restraint, shows plainly that it is the one thought of his life. He asked that he might be the first to inform you on your arrival, and it is for this reason that the subject has not been mentioned before."

After this long recital Austin was silent for several minutes. Finally he said, more calmly:

"Mother, Kenneth must never know my feelings."

"No, he never shall," replied Mrs. Hardy.

"And in order that he may not, I must leave here immediately."

Mrs. Hardy did not speak. Her emotion expressed itself in a sudden look of alarm.

"It will not be for long, mother," said Austin, understanding the cause of her anxiety. "Sooner or later I must have returned to the Cape, and now it is best that I should go at once."

"O, no, Austin, you will not leave me so soon, after all these years of absence?"

"I *must* go, mother! I could not endure the trial which every day and hour would bring. But you should not grieve, for I shall soon return and, away from here, make a new home for you and myself."

Being partially reassured by these words, Mrs. Hardy clasped Austin's hand in both her own, and said:

"You will surely come back to me soon?"

"Yes, very soon," repeated Austin. "But meanwhile, mother," he continued, "you must hasten this marriage, for it must take place before my return."

"But this sudden departure? No one will understand! What can I say?"

"Leave that to me," he replied. "I will explain it as best I can."

At Austin's request his mother obtained for him pen and ink from a cabinet near at hand. Seating himself at the table, he endorsed his name on a paper which he took from a book in his pocket. This he handed to his mother.

"There is a draft for two thousand pounds. Give it to Kenneth — not on his wedding-day, but as soon as I am gone."

Mrs. Hardy took the narrow strip of paper with trembling fingers.

"Tell him," added Austin, "that I said he must devote it to that object on which his life is bent."

After a long conversation which followed, the mother and son bade each other good-night, and parted, she to carry with her all the burden of a son's grief, as only a mother can.

From the time when, with tireless patience and tender words, she soothes her weeping child and kisses his wounded finger, to the day when the bearded man, yet still "her boy," comes with wounded heart, a mother lives again in her children. No sacrifice is too great for her love, no cry is too faint for her ear, and though in time of trouble all else fail, there is safe refuge in a mother's love!

But only those who have ever felt that sense of utter desolation, who have known what it is to be bowed down with despair, can measure the grief of him who suffered! If it were not that added endurance comes with increase of sorrow, he would have sunk under his heavy burden of grief.

For a long time Austin sat motionless, his head bowed upon his arm, which rested on the table. Once, only, he raised himself wearily, took up the picture which lay upon the table and returned it to his pocket, as though the burden which he must bear for years could thus be lightly buried.

CHAPTER VII.

A COMPLETE SURRENDER.

AUSTIN had no sooner restored the picture to his pocket, and again bowed his head

across the threshold of the room and took a position on the carpet. This foot was soon followed by another, and above them both arose the body and form of a man, who, for a few moments, silently contemplated the bowed figure before him.

Finally — feeling another presence in the room — Austin slowly raised his head, and, as though not comprehending its meaning, said dejectedly:

"Well, sir?"

"I have come," said the figure, "to give you an opportunity to state, as briefly as possible, the nature of your business with me."

Austin drew his hand across his eyes, and looked again at the man who stood before him.

"O, it is you, is it?" said he, slowly.

"I repeat, sir," said the figure, "that I have come in order that you may state, as briefly as possible, the nature of your business with me."

Gradually the light returned to Austin's eyes. He now leaned slightly forward, and said, more earnestly:

"The brevity of our interview, Mr. Arnold, is to be determined more by yourself than by me."

"I do not so consider it."

"I have already informed you that my only desire is that you should restore to the child of Horace Crane the property which is hers."

Arnold made no reply.

"Have you nothing to say?" asked Austin.

"My only answer is, that I do not recognize your authority to call me to account in any matter whatsoever."

"Is that final?"

"It is — except that I will consent to state, for your information, that I have no knowledge of any such property as that of which you speak. And that ends it!" said he, moving toward the door.

"Not yet!" said Austin, with a gesture of restraint.

Taking from his vest-pocket a ring, he extended it to the other's view.

"Perhaps you will let this convince you that I am right!"

Philip Arnold was not sufficiently master of himself to restrain a slight start at the sight of this. But the exclamation which involuntarily rose to his lips was changed to a hiss as it passed his teeth, while, instead of speaking, he curled his lips into a smile, and vainly tried to assume an air of indifference:

Austin was quick to detect every change of feature.

Arnold was silent.

"You compel me," continued Austin, "to repeat the entire story connected with this ring, the main features of which will not be strange to your ears."

Still the other was silent.

"You will speak, I think, when I tell you that, four months ago, at the Rencliff Diamond Mine, South Africa, the breaking of a piece of machinery wounded several men, one of whom, John Temple, died in my arms. When he knew that he had but a few hours to live, he told me that a lawyer, named Philip Arnold, in settling the affairs of Horace Crane, deceased, conceived the idea of robbing the estate of a large number of valuable bonds. But in order to accomplish this it was necessary for him to gain the co-operation of one John Temple, a former clerk of Crane's, and the only one besides himself who had definite knowledge of their existence.

"This he succeeded in doing, and the two divided the spoils on the solemn agreement that each should secrete his portion for a period of five years, when, it was thought, they might be brought forth and converted without danger of exciting suspicion. This was done, and, as a pledge of mutual good faith, two rings were made and worn.

"This ring which I have in my hand," said Austin, holding it to his eyes for a moment, and then again directing his gaze at Arnold, "has a curious setting. It consists of a mottled blue stone — one-half of a broken pebble. There is but one other ring in the world which is the exact counterpart of this one — whose setting will fit to this as a sea-shell fits its mate — and that ring is now on the first finger of your left hand!" concluded Austin, pointing in that direction.

"That is false — it is false as hell!" cried Arnold, now throwing off all restraint.

"If you are an innocent man you will permit me to put your ring to the test," said Austin, extending toward Arnold the ring which he held in his own hand.

"You have no right to make any such request, sir!"

"And do you decline to grant it?"

"Most emphatically!" replied Arnold, again moving toward the door.

"Stop!" cried Austin, quickly. "I make a final demand. Will you take that pen and write, stating where those papers may be found?"

"Never!" replied Arnold, thus surprised into betraying himself in his answer, while his eyes flashed fire and his lips were tightly compressed.

"As you please," said Austin, coolly, moving to a part of the room which cut off the other's retreat by the door, and reaching toward a button in the wall, the pressing of which would summon an attendant from the office. "John Temple, before revealing to me the hiding-place of his share of the spoils, extracted from me a promise that I would take no measures to have you punished, providing you would do likewise. But, on your refusal, I am left to pursue whatever course I choose. I have in my possession sufficient evidence on which to have you arrested this night and held for trial. Defy me, and I shall turn you over to the authorities in less than five minutes. Do as I demand, and, on my promise to a dying man, you go free. Which shall it be?"

If Philip Arnold was a villain, he was no fool — except as all villains are fools. With folded arms and contracted brows he stood motionless for some minutes, seeming to gaze into vacancy.

Possessed of an amount of shrewdness and cunning which honest men are never called upon to employ, when dealing with honest men, his very shrewdness taught him how far he could go in his daring schemes, while his cunning helped him to disarm suspicion when its continuance might involve him in deeper danger. He knew, too, well enough, that the man with whom he now had to deal was determined, courageous, and not to be turned from his purpose by any wiles which he might employ.

For these reasons, and, it may be, for others, Arnold yielded with a readiness and grace which astonished even the man who knew that he had put him on the defensive and driven him to extremities.

"You might as well have the bonds," said he, suddenly looking up.

"Very well!" said Austin, with equal readiness. "Now take that paper and write these words:

"Valuable papers, the rightful property of Alice Crane, only child of Horace Crane, deceased, may be found —"

Arnold seated himself at the table and wrote rapidly, at Austin's dictation.

"Now finish it, and sign," said Austin.

Arnold wrote a few words more, and then handed the paper to Austin, without a twitch

of his fingers or a movement of the muscles of his face. Austin read:

"—in *Cape Town Cemetery, buried in her father's coffin.*"

"I see!" he exclaimed. "The night before the funeral you secreted them in the metallic casket which contained the body?"

"That is not hard to guess!" said Arnold, bitterly.

"No," repeated Austin, looking at him as an intending purchaser might view a horse, "that is not hard to guess!"

"And now I presume that you are content?" said Arnold, rising.

"Not yet!" replied Austin, quickly. "I have no means of knowing that those papers are still in the place designated. I learn that it is announced that at any moment you may set out for the Cape?"

"Well?"

"On the next steamer I shall start for there myself; nothing is more natural than that we should travel in company. When that property is finally in my possession, you may consider this affair settled."

"You are over-particular!" said Arnold, testily. "It is true, however, that I am about to leave New York, and if you choose to take passage by the same boat I know of nothing to prevent."

"Very well! On that understanding we will now part," said Austin, waving his hand as though in dismissal.

Arnold left the room without a word, while Austin seated himself at the table which a few moments before the other had occupied, and taking from his pocket a small memorandum-book, he spent some time writing in its pages.

Finally he arose, turned out the gas, and sought his own room through the dimly-lighted halls and stair-ways.

[In order to devote all the pages of the ERA to articles on medicine, it is decided to discontinue the publication of "Haschisch" with this issue. We apprehend that few will be disappointed. In case there should be any such, we make the following offer: On receipt of 25 cents the complete work, handsomely printed and bound, will be sent to all who may order it. This price—which is one-half that charged by the publishers, Brentano Bros., New York—is obtained only by special arrangement, and is bare cost to us, while the postage is so much extra expense, which we will bear.]

Let some evil-minded persons may accuse us of having begun the publication of "Haschisch" with this end in view, we wish at the present time to enter a plea of "Not guilty." It was our original intention to continue its publication until completed, but considering that this would require half-a-dozen of the ERA's pages each month for a year to come, we have concluded to devote the space to its legitimate object—articles on the science and practice of medicine. We trust that this course will be satisfactory to all concerned.—ED.]

SELECTIONS.

Suppuration.

Suppuration justly claims a high interest for us. Pus, it appears, is only formed in the presence of certain minute organisms, but more recent research makes it probable that not the organisms themselves but their products—ptomaines—are the agents which bring about suppuration in the tissues. In the absence of ptomaines, it would appear that pyogenic micro-organisms are incapable of exciting suppuration.—*Dr. Atkinson.*

Pregnancy and Operative Surgery.

1. Pregnancy is a physiological condition and does not contra-indicate a surgical operation.

2. During pregnancy temporary strain may be exerted on some organ, *e.g.*, kidney, inducing impairment of function.

3. A surgical operation upon a pregnant woman is to be conducted so as to avoid inducing abortion, in itself a serious accident.

4. The main cause of abortion after operation is sepsis.

5. The probability of sepsis after operation is increased if the patient is suffering from disease, either temporary or chronic.

6. Abortion may result from operation—shock, perhaps.—*Dr. Cheever.*

Cleaning the Hands.

Dr. Vagel Eisleben says that he has noticed that coppersmiths, tinsmiths, etc., whose hands become covered with dirt from working in oxides and acids, which cannot be removed by ordinary means, first rub their hands with warm oil, and then, when this has thoroughly penetrated, with powdered borax. Subsequent washing with soap and water makes the hands perfectly clean. He advises those who have to use carbolic acid to go through the process above described first, and claims that in this way (1) disinfection is more thorough; (2) the hands are made purer than it is possible to make them by soap alone; (3) the hands remain soft and free from rough epidermic scales, and the odor of carbolic acid is destroyed; (4) the uncomfortable anæsthesia of the hands, after washing with carbolic acid, is avoided.—*Drug Cir.—Clinical Reporter.*

The Nature of Fever.

The word fever is often used as if it only meant a rise of temperature above the normal, while clinical experience shows that there may be an increased metabolism without a rise of temperature. The temperature of the body depends on the relation of the heat production to the heat dissipation. In fever there is a general increase of metabolism, but this increased waste is often accompanied by a lower temperature, the heat production being masked by the increased heat dissipation. In advanced typhoid not infrequently a sudden fall of temperature is seen. This is no sign, however, that heat has ceased to be produced; it is much more probable that it has been rapidly thrown off. If by fever is meant an alteration of tissue metabolism, we may have fever with high or with low temperature.—*Dr. H. C. Wood.*

Treatment of Ectopic Gestation.

1. In every form of ectopic gestation, prior to the fourth month, the destruction of life by electricity (Faradic current).

2. Between the fourth and sixth months, destruction of life by electricity, and some weeks later laparotomy.

3. In rupture, immediate laparotomy, with removal of sac, contents, and the effused blood.

4. In cases that have passed the sixth month, wait until viability is well established, and perform laparotomy, observing every precaution that separation of the placenta does not occur; close the sac above, or down through the vagina.

5. In case of death of foetus, it should be removed by laparotomy a few weeks later.

6. Where the foetus has become macerated and abscess has formed, its sinus should be enlarged, and the foetal residuum removed.—*Dr. Dandridge.*

The Causes of Infectious Diseases.

Consider for a moment the immense progress which has been made during the last few years in our knowledge of the causation of infectious diseases, those most terrible scourges of mankind. Who could have foreseen that the little vegetable organisms which were studied over fifty years ago so minutely by Ehrenberg were destined to become so important to the physician and surgeon. Among them to-day we recognize the specific causes of tuberculosis, of leprosy, of Asiatic cholera, of typhoid fever, of relapsing

fever, of malaria, of erysipelas, of traumatic infections, and of a number of other diseases of human beings and of animals. Even the chemical substances by the production of which these microscopic organisms poison the system have in some instances been isolated in a crystalline form. Some time ago a work on lock-jaw was introduced by the legend, *Causa obscura, vis notissima est*. To-day we can say that there is no disease the cause of which is better understood, for we know not only the living germ which produces traumatic tetanus, but also the habitat of this germ and the chemical substance by the production of which its destructive agency is effected.—*Prof. Wm. H. Welch.*

Menstrual Bleeding from a Laparotomy Scar.

At a recent meeting of the Kiey Obstetrical and Gynecological Society, Prof. George E. Rein, showed a menstruating woman from whom he had about three years before removed a cyst of the right ovary, weighing thirty-seven pounds, fixing the pedicle in the abdominal wound. The patient soon recovered and the wound healed, but at one part of the scar there remained a diminutive slough, which fell off just before the beginning of menstruation, its separation being followed by a constant flow of blood from the denuded surface during the whole catamenial period. The phenomenon had regularly recurred monthly ever since. As a rule, the scar begins to bleed somewhat earlier than the uterine flow makes its appearance. The menstrual blood from the cicatrix has a characteristic odor. It is difficult to explain such an occurrence. Possibly a Fallopian tube or one of the uterine-cornua had been stitched together with the pedicle into the abdominal wound. However, Prof. Rein hopes soon to ascertain the nature of this interesting and rare case, since the patient must undergo a second laparotomy for disease of the left ovary.—*British Med. Jour.—Med. Reg.*

Alcohol in the Treatment of Tetanus.

In practice, I have found that alcoholic stupefaction answered a two-fold purpose, being much better in its effects than opiates and anæsthetics, besides being much more permanent than either, and, at the same time, stimulating the circulation and calling up the adipose reserves until a sufficient quantity of the most nutritious elements of food could be brought to bear upon the case.

To be successful, alcohol must be given early in the attack, and in a quantity sufficient to produce sound sleep. It should be continued as the patient rouses from his lethargy, and from that time on until the paroxysms are subdued. At a late period in the disease, it will be found next to impossible to produce such an impression upon the system of the patient. In a very marked case, of a male adult of large size, I gave in a half-hour after the attack eight ounces of good brandy, producing profound sleep within a half-hour; and I gave repeated smaller doses as often as he awakened—using one quart, or thirty-two ounces, in the first twenty-four hours, with a gradual reduction of the force of the spasm. I followed this with a similar quantity during the next twenty-four hours, when the spasms entirely subsided. I then allowed my patient to return to consciousness, and, with milk-punch, beef-essence, strong barley-water, and oatmeal gruel, the patient was restored to health and vigor.

I will here add, that in this case no other remedies were used or required.—*Dr. Leake, in Med. Register.*

A New Method of Treating Abscesses.

As soon as I am satisfied that pus has formed, I plunge into the cavity a large-size aspirating needle and attach it to an Allen surgical pump, and by turning the crank, remove all that is possible of the contents of the sac. I then take a 20 volume solution of Peroxide of hydrogen. To this I add an equal volume of water and, by reversing the motion of the handle of the pump, without withdrawing the needle, I inject the cavity till it is moderately distended only. Almost immediately I find that the distension becomes greater and greater until I am satisfied that the medicament has reached every nook and corner. Then I simply turn the pressure off from the rolls of the instrument at the back of the pump, the accumulated gas which has been given off rushes out through the tube, carrying with it a considerable quantity of debris. I tighten the rolls again and, continuing the motion of the instrument in the same direction, I extract every particle that is left, and repeat the procedure as before. At the second washing with the Peroxide I notice that I do not get nearly so much distention, and when the screw at the back is loosened for the second time but little of the gas and fluid comes away. After this comes off I am sure that I have a perfectly clean cavity. Now I take the solution of bichloride, 1 to 2,500, and again inject and withdraw two

or three times. I am confident that I have a perfect aseptic cavity. At this stage the needle is removed, and I place over the whole integument overlying the abscess a smooth, even pad of iodoform gauze. I bind it firmly and neatly in place by an abundance of bichloride gauze bandage.

This dressing I invariably leave in place from four to ten days, when I always find a complete closure of the cavity, perfect adhesion of its walls, and not a trace of the abscess left. The patients are simply delighted that no knife is used, and but very little pain produced, no after-dressings required, no salves, solutions or ointments, no washings or daily dressings.—*Dr. Wile, in Jour. Am. Med. Assoc.*

The Relation of Albuminuria to Life Insurance.

No system of life insurance is perfect which does not include those who are apparently healthy and those who are not. Certain applicants presenting themselves for examination for life insurance are wrongfully rejected, because of the presence of albumin in the urine. Of the various terms used to indicate the particular form of albuminuria under consideration, I give a decided preference to the term "functional." Two illustrative cases, which I consider "safe risks" for life insurance companies, I will mention. One of the histories is that of a young man, who has been under the observation of many physicians, among them Dr. Stewart, of Edinburg, the various observations extending over several years. The other a less favorable family history and an older man. In both there was final disappearance of albumin.

I believe that there are certain conditions which, if observed by competent and skilful examiners (if it were always possible to get such), would enable the companies to save these risks. These conditions are: 1. The applicant must in all other respects present the signs of good health. 2. The albuminuria must be unaccompanied by tube-casts, however perfect may be the health in other respects; albumin and tube-casts conjoined always meaning structural changes. 3. The specific gravity of the urine, that is the "real" specific gravity (that of the quantity for the twenty-four hours), should not be lower than 1.015-1.025. Great care must be taken to secure the "real" specific gravity, as it would be unfair to reject the candidate on account of the specific gravity of a single specimen. 4. The signs of hypertrophy of the left ventricle, and the existence of high vascular tension as-

sociated with albumin, would exclude the candidate. 5. The age of the applicant is a highly important consideration. It is doubtful whether any person forty years of age with functional albuminuria should be accepted, unless at least he has been long under the observation of a competent and conscientious examiner. 6. The presence of true gout in any case should decide against the person, because gout is always, sooner or later, followed by interstitial nephritis. Finally, retinal changes such as are associated with nephritis, should exclude the applicant.

In conclusion, I do not claim, of course, that we are in a position to put these conditions in operation, but I believe, as we are enabled gradually to secure the desired education and training in medical examiners, the applications of these conditions will be possible. The absence of the albumin from the urine passed on rising in the morning is an important aid in the diagnosis of functional albuminuria, but not an essential one.—*Dr. James R. Tyson, in Medical Record.*

Caruncles and Vascular Tumors of the Urethra.

Among the many affections of women that the busy practitioner is called upon to treat, there is one special lesion that is particularly distressing, and requires no little skill and experience to successfully manage. The affection that we refer to is caruncles of the urethra. If a female complains to her medical attendant that she has cutting pains during micturition, that continue to be even more intense after urinating, it is the duty of the practitioner to examine carefully into the special particulars of the case. We have seen in our practice females thus affected with what they defined as "strangury," who had suffered for a long time, and had been attended by practitioners for months without relief, and upon inquiry from the patients, they stated that no physical examination was ever made as to their exact condition. A practitioner when he is attending a female should always try to find out just what is the matter, or his therapeutics may not be followed by any good result.

At the mouth of the urethra, or a few lines back of the orifice within the canal, most usually upon its floor, these vascular proliferations have their seat, being made up of inflamed capillaries and bundles of distended blood vessels in connective tissue. These vessels at the orifice and within the urethra, being overfilled with blood and inflamed, have been compared to rectal hemorrhoids, and the similarity certainly

holds good. These vascular growths proliferate and enlarge, and with time become more and more sensitive, and through reflex irritation derange the general health of the victim, affecting more especially the nervous system. When a practitioner is called to such a case, and finds upon examination the appearance of a vascularity caused by inflamed vessels at the meatus or within the urethra, if the pain from them is unbearable, he can at once make up his mind that he has something troublesome to deal with. To relieve the pain will call forth all the resources of his art, and to effect a cure of them they must be removed by excising them with small scissors, or destroying them by a potential cautery. These tumors occur usually among married women who have borne children, but this rule has exceptions. We have met with cases in young women where vascular excrescences come after an attack of severe and protracted gonorrhœa, as a result of urethritis, and the possibility of such a cause it is well to bear in mind. These tumors are called by authors neoplasms, and classified as papillary, polypoid and angiomas. Some of them that are exceedingly painful appear as small points, varying in size from a coffee-bean to a tumor as large as a small chestnut, in some cases even larger. They are single or multiple, and in one case that we have treated, they extended back in the urethra for more than one inch. Although apparently insignificant, they are attended with more pain and distress than almost anything else that the physician is ever called to treat.

Treatment.—As a preliminary to treatment, the physician should carefully examine the meatus and dilate the urethra, to find out just where the pain seems to be located. Experience seems to show that the pain may come from a small point or tubercle upon the edge of the orifice or within the urethra.

We may find upon examination just within the urethra, what seems to be a little tumor the size of a flaxseed or coffee-bean, made up of blood vessels, constituting a vascular enlargement, and at this point there is great sensitiveness and pain. Urethral caruncles are exceedingly difficult to isolate, and it is recommended that the patient be placed upon her back, with her limbs supported in a gynapod or leg-braces; but in the absence of this practical apparatus, place her in the left semiprone position of Sims. Now apply a 10 per cent solution of Cocaine by saturating a piece of cotton with the Cocaine, which insert against the meatus and within the urethra. Next dilate the vagina

with Bozeman's speculum, which instrument of all others is the best for this operation. Next comes the dilatation of the urethra, and for this purpose we have tried a variety of urethral specula, but the ingenious practitioner can select two long hair pins and bend them at right-angles, and use them as retractors for the urethra, and they are about as satisfactory as any of the expensive specula recommended by gynecologists. Those practitioners who have the nasal speculum of Frankel, can utilize it as a urethral speculum and dilator, and it will be found to be quite handy for this purpose. With a good assistant to hold the wire retractors, or by the use of the Frankel nasal speculum without an assistant, the surgeon can excise the caruncles, or apply either Paquelin's cautery, or the galvano-cautery, as he may decide. In our experience we have found Paquelin's cautery quite as good, and more practical, than the expensive galvano-cautery. To dilate the female urethra satisfactorily, requires no little skill and experience, and to see the exact situation of the carunculæ or vascular points, will require a good light, and in the absence of that, the electric illuminating lamp will be found very useful, so that the exact locality of the caruncles can be determined.

Removing these tumors by excision or cauterization is usually effectual, but occasionally they are very refractory, and the operation must be repeated. No treatment is successful until the neoplasms are completely destroyed. After the application of the cautery, apply a little Iodoform dusted over the seat of the lesion, and cover the meatus with borated cotton. A case in point of this kind we treated recently, in a widow, æt. 34, who had been troubled some nine months, and was complaining of great suffering when urinating. Upon examination, a vascular tumor was diagnosticated, situated at the meatus, and its ramifications extended up the urethra four lines or more, and was the cause of her distress, which had seriously affected her general health, as she began to have symptoms of chronic hysteria. She had lost in weight, had no appetite, was anæmic, and had fever that was intermitting, and which she insisted upon as being "malaria."

For this state of things (already lasting nine months), she had been taking tonics and nervines, had used locally Cocaine, Laudanum, Witch hazel, etc., as ordered by her physician, who had never made any physical examination of the patient. I treated this case by excising the vascular tumor, then applied Carbolie acid, and dressed it with Iodoform. Great relief fol-

lowed this treatment, but some pain was still felt during urination, and a complete cure had not yet been effected. As the patient had a great fear of any thermal-cautery, and would not allow me to use it, I next touched the meatus with glacial acetic acid, and immediately after with fuming nitric acid, and then dusted it with Iodoform. Notwithstanding this she stated to me that she felt at times as if she was being "pierced with sharp wires," after urinating. I then made an application of a solution of chromic acid, (grs. 100 to the ounce of water), but after this treatment some twinges of pain would be still felt at times. As the sensitiveness at the meatus was so persistent I finally succeeded in inducing her to allow me to try Paquelin's thermo-cautery. I should have previously stated that these caruncles are frequently so sensitive that they cannot be examined without giving great pain, and for this reason I always apply a 10 per cent solution of Cocaine to them before I introduce a urethral speculum, and this usually greatly mitigates the pain, so that the suffering from the operation (whether we excise them or cauterize them) is greatly alleviated. In this case, I resolved to touch the remains of what was the caruncle with Paquelin's caustic, and I did it, and entirely destroyed the roots of the growth, and then dusted it with what we call in Vienna, "*Aquila alba*," which is the classical synonym for *Mercurius dulcis*, or *old Calomel*.

After this treatment she had no more pain, but her general condition of neurosis and anæmic hysteria required appropriate treatment, viz., *Ferrum phosph.*, *Cimicifuga*, *Zincum phosph.*, etc., and the cure was terminated by sending her to the Rockbridge Alum Springs in Virginia, where, after a sojourn of some three months, her health was perfectly restored. Recurrence of the local difficulty is not infrequent in these cases, and such patients require to be under the observation of the physician for a year at least. Two other cases that I treated where the growth was not very much developed, I cured by the application at first of tinct. *Thuja occidentalis*, and afterwards of Chromic acid solution. In each case I repeated the Chromic acid application some three different times. After excising these caruncles or applying the potential caustic to them, I dust them with either "*Aquila alba*" or Iodoform, and if there is much soreness left, I apply tinct. *Benzoin comp.* (*Friar's balsam*).

Regarding the consequences of vascular growths, I have already stated that they occasion so much distress, that the women thus af-

flicted are, to say the least, hysterical. The pains that they set up during and after micturition, produce great reflex disturbances. In one instance that I observed in the case of an old lady, *æt.* seventy years, who had several caruncles within the urethra, she would manifest such symptoms of irritation, from the severity of the pains, that I was seriously fearful that she might lose her reason and require to be sent to a retreat. After excising the tumors (they were small and multiple), she soon made a complete recovery, and all of her nervous and mental disturbances subsided. These vascular neoplasms are said by authors to have caused epileptic paroxysms, paraplegia, vaginismus, and reflex difficulties in the rectum.

Resumé of Treatment.—It has been stated that *Thuja occidentalis* tinct. given internally and applied locally has cured these difficulties. I have seen the good effects of *Thuja* in condylomata, and it was supposed that it would be equally effective in caruncles, but I have not proved this clinically; still, I think it may be valuable in such cases. Hahnemann recommended *Thuja* for condylomata, more than fifty years ago; and we notice in recent foreign, as well as home medical journals, that its virtues in this respect have been rediscovered, and are just becoming known.

Other Local Remedial Agents.—Glacial acetic acid, Chromic acid, Carbolic acid, Iodoform, Nitric acid, Nitrate of silver, Friar's balsam, Oil of witch hazel, and Cocaine, are all beneficial, and may be selected as required.

Removal by Excision and Cauterization.—Whenever these little tumors can be well seen in the speculum, it is best to seize them with a tenaculum, and excise them by means of small scissors, and finish by touching them with Carbolic acid. In some cases there will be troublesome bleeding after they have been excised, but such an accident is rare if Cocaine has been applied just before operating, as the Cocaine contracts all the tissues, and in our experience greatly lessens the tendency to hemorrhage. Exceptions may occur, as we have found in one case; and it is well to be prepared for such an accident, and have within reach a solution of the Perchloride of iron as a hemostatic to staunch the hemorrhage, if it should happen to be troublesome.

The general condition of the patient must be looked after, and if symptoms of anæmia be present, proper constitutional remedies must be given. The urine should be examined, and if anything abnormal is found, the proper treat-

ment for this condition is to be given. I have heard of one case where glycosuria was a complication, and possibly a cause of a vascular excrescence, as the patient was reported to have suffered for a long time with itching meatus, and after frequent and repeated scratching, a vascular growth appeared.

Itching of the genitals, as is well known, is frequently a sequence of sugar in the urine.—*Dr. T. Griswold Comstock, in Medical Summary.*

THE DOCTOR RESPONSIBLE.—A prominent business man of Kansas City, Mr. C. E. Bennett, brought suit for divorce to-day against his wife, a leading society woman, alleging that she has become an habitual drunkard and has been expelled from Scott's Sanitarium, the St. James Hotel, and other public places, for drunkenness. Mrs. Bennett acknowledges the truth of the charges, and says that she contracted the love for liquor by taking it at first as a medicine, prescribed by her physician.

SINGULAR SUIT AGAINST A DOCTOR.—Dr. Samuel C. Vanderpoele, Jr., a popular New York physician, has a singular lawsuit on his hands. Two weeks ago he diagnosed the illness of a little daughter of Charles Dawson, of Syracuse, N. Y., who was spending some time with his family at the Larkins House, Watch Hill, L. I., as scarlet fever. Mr. Larkins, the proprietor, relying on the diagnosis of another physician, denied that the child was suffering from the disease, and the Dawson family remained at the hotel. The other guests, hearing of Dr. Vanderpoele's diagnosis, left the place. Mr. Larkins immediately brought suit in Rhode Island against Dr. Vanderpoele for \$12,000 damages. Dr. Vanderpoele says that his diagnosis was correct, and that he has been sustained by the board of health of Westerly, L. I., and some prominent physicians. Dr. Vanderpoele intends fighting the suit to the bitter end. He says he was subjected to great personal inconvenience by the action of Mr. Larkins, who, as soon as he brought the suit, had an order issued for Dr. Vanderpoele's arrest. The sheriff arrived at the Watch Hill House, a rival establishment, where the physician was staying, and proceeded to execute the order. Bail was fixed at a large figure, but several of the cottagers offered at once to go on the doctor's bond. The sheriff, however, Dr. Vanderpoele says, made paltry objections to each of them, and stated that he intended to lock the doctor up, but satisfactory bail was finally furnished. Dr. Vanderpoele declares he will in turn sue the hotel man for damages.

COLLEGE NEWS.

NEW YORK.

HOMŒOPATHIC MEDICAL COLLEGE AND HOSPITAL.

In a recent lecture on materia medica, by Prof. Allen, he called the attention of the students to the valuable properties of Arsenic in controlling the night-sweats of phthisis.

While Mercury is valuable, perhaps, as a prophylactic in syphilis, it bears little relation to the disease, as a rule, and cases are rare that it cures; possibly it may be applicable to some forms of ulcers, and to the pains in the extremities at night, but these pains are much more frequently indicated in Asafoetida.

In comparing Asafoetida in this connection with Stillingia, he gives the differential features to be that in Asafoetida the pains are located in some particular spot, such as the tibia, or the skull; while in Stillingia the pains are found shooting through the whole course of the limbs.

Prof. Allen also asked the students to make note of the fact, that whereas he had for years taught that Iodum was a left-sided remedy in affections of the upper lobes of the lung, his more recent observations had led him to believe that it is as useful on the right side as upon the left, provided the other indications for the drug are present.

In speaking of the despondency and melancholia with *suicidal intent* of Aurum, as given in the materia medica, he says that it does not really apply to cases of suicidal mania, but that its sphere of usefulness is in cases of syphilis where patients threaten suicide, but never commit it, and that real suicidal mania is more often cured by Arsenic.

Prof. Moffat gives the key-note for Stramonium in spasmodic asthma to be the shrill, high-pitched voice.

He also recommends Ranunculus bulbosus in very appreciable doses of the tincture as being valuable in cases of delirium tremens.

BOSTON.

UNIVERSITY SCHOOL OF MEDICINE.

Sciatic pains occurring night after night and not relieved by the usual remedies, may sometimes be cured by cupping over the course of the nerve.

Sleep and rest may be given to a raving maniac by placing a roller towel wrung out of mustard and water, around the abdomen, and cover-

ing with a flannel, thus relieving brain pressure. This will relieve when Chloral, Morphine and other medicines will not.

In treatment of ringworm an application of Cantharides will often effect a cure after other methods have failed, but hay fever has been known to follow the suppression of the ringworm.

In the treatment of epilepsy a powder of Calcareo phos. or Calcareo carb. every night is very beneficial, also Cuprum acet. 6x, when there is fine subsultus, especially at the wrist. Epilepsy is as incurable as cancer, although cures of each have been reported. The epileptic can be *steered* and in a great measure be controlled, and life made more endurable by the right use of the Bromides, which as yet have no substitutes.

A key-note for the use of Lachesis in diphtheria is the beginning of the attack with violent neuralgic pains in the side of the head.

In diphtheria a spray of glycerin and water in proportion of one to seven is one of the best agents for arresting decomposition, and is very grateful to the patient.—*Dr. J. Heber Smith.*

High temperature in child-bed, continuing for 10 or 15 days, between 101° and 103°; the patient is weak, but has no pain or tenderness on pressure; lochia is normal and there are no tangible signs on which to base a diagnosis of any local trouble. What is the cause? There may be a *point of inflammation* situated anywhere in the system, as in the lung, liver, etc., which at this time may *become active* and through the changes which occur in the blood-supply after the birth of the child, continue for some time, although an elevation of temperature may occur at *any* time from trivial causes, such as constipation, errors of diet, mental emotion, and we should not attribute a continuous high temperature to these conditions.—*Dr. Walter Wessellhoft.*

CHICAGO.

CHICAGO HOMŒOPATHIC COLLEGE.

Prof. Buffum says: Aconite is usually supposed to be indicated only in acute conditions, but it will be found a very valuable remedy in the treatment of chronic granulation of the eyelids.

In treating injuries of the eye, especially if the conjunctiva is destroyed, there should be, during the first twenty-four hours, a constant application of cold, either by means of crushed ice or ice-water, in order to reduce the inflammatory process to a minimum.

In post-diphtheritic paralysis of the ciliary muscle, causing loss of power of accommodation, Gelsemium rarely fails to effect a cure.

An eye containing a foreign body which has destroyed sight, should be removed, since it will sooner or later result in the destruction of the other eye unless this is done.

Prof. Foster, in speaking of the disorders of pregnancy, says: The pregnant woman may eat anything that she desires which the stomach does not reject. That food is best for the individual which the stomach craves and will retain, providing experience does not contra-indicate it.

Calcareo phos. is almost an infallible remedy for excessive accumulation of gas in the stomach.

Constipation during pregnancy is very difficult to manage. The best results are obtained by proper diet. It cannot be cured by the use of purgative drugs.

There is a species of Mexican cactus the juice of which is called pulque, and used by the natives as a beverage. This is of rare value in the albuminuria of pregnancy, and will, if used freely, promptly, decidedly, and continuously, reduce the quantity of albumin in the urine. It is a food rather than a medicine, and will be found highly nutritious as well as medicinal in its effect.

Prof. J. S. Mitchell: Phthisis is sometimes preceded by a long season of hoarseness; therefore, always be on your guard in any case of chronic hoarseness that you may be called upon to treat.

For the hypertrophic form of chronic laryngitis, Arsenicum is the remedy where there is burning dryness of the mucous membrane, fetid expectorations, and a disposition to irritability. Hepar sulphur, if there is a lumpy sensation with tickling, and the expectoration is thick, profuse, muco-purulent, or even bloody.

Hepar sulphur has really a specific affinity for the larynx, and is to be thought of in chronic affections of that organ. In case of singers, whose voices have become impaired by the thickening of the vocal cords, and the secretion of tough, stringy mucus, the use of Hepar will be attended with the happiest results. You may confidently tell your patient that it will not only relieve the catarrhal condition, but that the voice will actually be improved, so as to be capable of a greater range than before.

You should be elastic in your treatment. If you feel sure that you have selected the proper remedy, and still your patient does not improve

as you expected, *change the potency*, and in the majority of cases, the result will be gratifying both to yourself and to your patient.

Prof. Knoll: In treating ulcerative sinuses, such as fistula in ano, it is usually best to slit it up with a bistoury, remove all ulcerated tissue, stitch the edges of the wound together, and you will, in the majority of cases, obtain union by first intention.

There is nothing that is so effective in curing goitre as a reliable preparation of Iodide of lime.

Prof. Delamater: In the treatment of epilepsy, you should obtain a full and complete history of your patient, carefully noting every symptom, then select a drug which covers more than 75 per cent of the symptoms presented, and administer it for three or four months. During this time you may have occasion to change the potency, but stick to your remedy.

IOWA CITY.

STATE UNIVERSITY.

Prof. Cowperthwaite says: One dram of Cantharis to one pint of bay rum makes an excellent wash for the head when there are scales on the scalp and enormous quantities of dandruff.

No remedy equals Sepia for chronic leucorrhœa.

Ammonium carb. should be used oftener to break up a cold where there is acrid coryza during the day and the nose stopped up at night.

Antimonium tart. is of great benefit in membranous croup. Two grains of the crude drug in a glass of water, a teaspoonful given at frequent intervals for several doses, is followed by great improvement. This is also the remedy in hepatization of the lungs.

Prof. C. reports a case of fibroid tumor of the uterus cured by the internal administration of Ustilago and Secale.

CHICAGO.

HAHNEMANN MEDICAL COLLEGE.

Prof. Ludlam says: A large share of ovarian troubles date back to an attack of the mumps.

Alumina is most often called for in constipation accompanying right-sided ovaritis; Collinsonia if with left-sided.

Lacerations of the cervix often exist for years without serious results, but if left until the climacteric the chances are forty to one that the woman will have cancer.

In corrosive ulceration of the cervix if Calcareo carb. and Hydrastis do not stimulate healthy granulation, the chances are one hundred to one that the trouble is either cancerous or syphilitic.

If the urea in twenty-four hours amounts to 180 grs., and there is any abdominal involvement, it is very certain to be cancerous.

In cases of prolapsus ani Prof. Leavitt recommends that the seat for the passage of the stool should be elevated, and in very severe cases the patient should be in a recumbent position.

Prof. Arnulphy says: The pathology of the coronary arteries is the pathology of angina-pectoris and fatty degeneration.

Prof. Bailey says: The tendency of the cervix to bleed if touched with the sound, is often the forerunner of cancerous growths. In cases of daily hemorrhage he recommends the application of vinegar as a styptic.

He says that at the present time the work of the gynecologist and neurologist go side by side, as the functional disturbances are so closely dependent upon neurotic conditions.

Prof. Vilas says that Chinese silk is best for eye operations; that water containing an excess of lime should not be applied to the eyes, but that by the addition of an equal quantity of milk it may be rendered suitable for use, as the lactic acid unites with the lime-salts to form the insoluble lactate of lime.

Prof. Hawkes says that in scarlet fever, when the symptoms seem to call for Belladonna, but Belladonna does not relieve, Baptisia often cures, especially if the throat is darker than the characteristic Belladonna throat.

Prof. Arnulphy says that mistakes are often made in locating the ribs and intercostal spaces by number, but if it is remembered that the ridge of the sternum is opposite the second rib, this mistake can always be avoided.

Prof. Crawford says that a typhoid patient well nursed is half cured.

In diabetes, if the burning extends downward, look out for diarrhoea, and Arsenicum is the remedy.

If the patient is so weak that he can scarcely stand, but does not feel his weakness while sitting or lying, Arsenicum is indicated.

ST. LOUIS.

HOMŒOPATHIC MEDICAL COLLEGE.

Prof. Schott says: In the artificial feeding of infants do not use brown sugar to sweeten the milk whey, as it will produce thrush; neither will "A" sugar answer. The best to use is the

prescription sugar-of-milk, 110-120 grs. to the pint of whey, or about half the quantity of loaf sugar.

Tears, as a rule, are not secreted until the third month. If there is a cessation of the flow of tears in a violent disturbance of the system, it would be an unfavorable symptom, and favorable on the reappearance of lachrymation.

Prof. Reed says: In tonsillitis, Belladonna has been given; now that pus has formed give Hepar sulph.; later, we have the throat filled up, threatening suffocation, *now give* Mercurius v. or sol., and your case is cured. This is not to be a routine treatment. These three remedies follow each other in the order given, and you know the symptoms calling for their exhibition.

Belladonna may be indicated in the initial stage of typhoid fever—high, raging fever, coming on with great suddenness; abdomen distended, throbbing carotids, hot skin, fairly burning the hands, from which skin a *steam arises*. The last objective symptom belongs to Belladonna alone.

Prof. Campbell's treatment of blepharitis marginalis is both local and constitutional; at times constitutional only. The first is *scrupulous cleanliness*; then, to protect the eyes from the air, and to soften and remove the scabs he uses the following:

R. Pulv. Boracis, - - - grs. ii. to iv.;

Petrol. albi. - - - ʒi.

M. ft. ungt.; sig., on lid edges once or twice daily.

In bad cases, with raw edges pencil with—

R. Arg. nit. - - - grs. ii. to iv.;

Aqua destil. - - - flʒi.

M. ft. sol.

And then apply this ointment—

R. Hydrag. ox. flav. - - - gr. ii. to iv.;

Petrolati albi, - - - ʒi.

M. ft. ungt.; sig., on lid edges once or twice daily.

In the internal treatment one of these remedies will probably be indicated: Apis, Argentum nit., Arsenicum alb., Calcareo, Graphites, Hepar sulph., Mercurius, Pulsatilla, Staphysagria, Silicea, Sulphur, Thuja.

To protect the eyes from the light, use the smoked glasses. If the blepharitis has been caused by an optical anomaly, that must be corrected by the use of proper glasses.

Prof. Luyties says: In the application of an ice-bag to the head, move it about frequently in order to prevent freezing of the parts.

WORTH KNOWING.

In the human species one great fact is lost sight of too frequently. It is, *that the teeth once built up, are built up FOREVER!* Therefore, it follows that it is wise to attend to the original building.—*Dr. Thayer, in Med. Counselor.*

Absinthe, the favorite intoxicant of the French, is almost always manufactured with alcohols of industry, ill-rectified, rendered green by the addition of the sulphate of copper, and saturated with resin, so as to give it the beautiful greenish-white precipitate produced by pouring water on it, and which drinkers so much admire.

The lesion of exophthalmic goitre Benedikt places in the medulla oblongata, Eichorst in the grand sympathetic and Filehne in the restiform body, while Charcot considers it as a general neurosis allied to hysteria, and others believe it to be specially related to chlorosis or anæmia. Its whereabouts is uncertain.

Treatment of Gonorrhœa with Iodoform.—Dr. Paul Thiéry recommends injections of finely powdered iodoform suspended in sweet-almond oil in gonorrhœa. He cites six cases which were cured in less than two weeks with about seventeen injections. Aside from its antiseptic properties, the injections of iodoform greatly relieved the pain of the disease.

Professor Ranke, of Munich, said that when he first went to that city, thirty years ago, typhoid fever was of frequent occurrence, but with the sanitary improvements which had since been carried out, this disease had almost entirely disappeared. On the other hand, diphtheria had not been appreciably lessened, so that drainage seemed to have no influence on this disease.

Erythrasma.—This name is applied to reddish-brown scaly patches found on the inner surface of the thigh, where the scrotum comes in contact with it, and on the corresponding surface of the scrotum. This affection seems allied to intertrigo, but differs from it in that inflammation is no necessary part of the disease, and also in the constant presence of parasitic fungi or bacteria.

At the onset of a papular eruption it is often difficult to decide whether the case is one of measles or of small-pox. The following method is a certain means of determining by which of these diseases the eruption is produced: If, upon stretching a portion of the skin, the papulæ become impalpable to the touch, the eruption is caused by measles; if, on the contrary, the pa-

pulæ are still felt when the skin is drawn out, the eruption is the result of small-pox.

Koch has shown, in his studies of the comma-bacillus of cholera, that they are destroyed by the lactic acid of the normal gastric juice, and that it is when the activity of this physiological safeguard is interfered with or destroyed, that the bacilli pass unharmed into the intestines, to multiply and produce the characteristic disturbance there. The effect of lactic acid upon these microbes, suggests the acids as a class of germicides, the study of which promises information of the most practical value.—*Medical News.*

Pruritus Ani.—Much has been written of late concerning the treatment of pruritis ani. I desire to add my own suggestion. The best remedy I have ever found is the galvanic current. The quantity required need not exceed five milliampères; the time of application, five minutes. The relief is immediate, and the application once or twice daily is quickly curative. The anode is placed over the perineum or base of the scrotum and the cathode against the sphincter ani, or, if required, within its grasp, bringing all the pruritic surfaces between the poles.—*Dr. Sutton, in M. and S. Reporter.*

The Earliest Symptoms of Inherited Syphilis.—Attention is particularly called to fissures of the lip, especially the upper lip. Parrot regards such as unmistakable signs of hereditary syphilis. It certainly forms a very frequent and early manifestation. The very earliest fissures on the upper lip are generally two, placed symmetrically on either side of the central portion. Relatively nearer are fissures on the lower lip. When such do occur there is usually only one, and that in the centre of the lip; but afterward others may occur, and uniting, form ulcers. They are very painful, difficult to heal, and leave white scars, which are very persistent.

In the diagnosis of simulated diseases in children, attention should be given to two points: The physician should be on his guard whenever the little patient's tale of his illness is too monotonous. One who is really ill tells a different story from day to day, his pain and his feelings being modified by passing circumstances. The malingerer, on the other hand, has his story learned by heart, and repeats it always without any modifications. Another thing that should excite suspicion in the physician's mind is the long duration of the simulated malady, and a want of proportion between the physical signs and the degree of pain or discomfort of which the child complains.

Bergmann has shown that abscess of the brain has but one result — death, and that the surgeon's knife offers the only relief. So far as we know, there is no such thing as idiopathic abscess of the brain; it is always the result of some external wound of the head, or some extension from diseased surrounding bone. The only exceptions to this statement are to be found in the case of pyæmia or tuberculous abscess.—*Dr. Parks.*

Human teeth begin to form in the dental groove as early as the sixth week of gestation, and they keep on forming for the next twenty years. These *growing, forming teeth should be fed in the mother, child, youth and man!* Why teeth are strong and able to resist decay is because of the liberal deposit of the lime-salts in and amidst the interstices of the tooth protoplasm. No man can build himself a house without stone, brick, cement, mortar, iron, wood and materials that enter into such construction. Neither can one build up good and serviceable teeth without material things, the inorganic salts, out of which to build with.—*Dr. Thayer, in Med. Counselor.*

Remarkable Success with Tetanus.—In a paper read before the British Medical Association, Dr. Meldon, of Dublin, invited the members to test a plan of treatment which in his hands has been singularly successful, and he placed on record the results of treatment with different drugs in 937 acute cases collected by him. In his first case, twenty years ago, he divided the nerve with only temporary relief, since which time he had tried in succession Calabar bean, Indian hemp, curare, quinine, alcohol, and opium, with an invariably fatal result. Some years since, he tried a combination of hyoseyamus, belladonna, and conium, in a bad case, which recovered under that method, and, subsequently, several other cases, with satisfactory results; of seventeen cases, in which these drugs were administered, he had thirteen recoveries and four deaths.

Influence of Attitude on the Pulse.—According as the *vis a tergo* changes in unison with our position, the pulse rate varies, whether we sit, stand or lie down. Such at least is the case in health. The knowledge of this fact is of practical value in the examination for life insurance. Any emotion, especially in nervous persons, will at once increase the frequency of the pulse, and to determine whether in a candidate for life insurance the frequency of the pulse is due to a transient cause or to disease, all that

the physician has to do is to let the applicant lie down for a few minutes, when the pulse will at once become slower and assume its normal rate, provided there is no lesion of any kind producing the increased frequency, for then the pulse will remain the same as when standing. Hypertrophy of the heart induces greater rapidity, not influenced by position.

The cause of death in hyperpyrexia is claimed to be as follows: Dr. H. Vincent, of Paris, reviews the various theories hitherto offered, and shows that they are all equally untenable, and then proposes one of his own, which seems to him to be more reasonable and more in accord with the known facts. He has studied carefully the various symptoms, on the part of the circulation, the secretions, the respiration, etc., presented by those dying of hyperpyrexia, and also the lesions found post-mortem, and concludes that death is due to an auto-intoxication caused by an accumulation in the blood of various waste products. The excessive temperature causes increased waste of the tissues, and also interferes with the speedy elimination of the poisonous products resulting therefrom. The poisons accumulate in the blood and act upon the central nervous system, more especially upon the respiratory centres. Death results, therefore, from an arrest of the respiratory functions.

Suppuration is rare in gouty subjects. When ulceration of the skin follows the formation of tophi on the fingers or external ear, the process is a dry one, and not attended with the formation of pus. In patients of a gouty diathesis, who have commencing pulmonary phthisis, the author has also observed that expectoration is very scanty or absent, showing that there is little or no pus-formation. It would seem, therefore, that urates and uric acid are antagonistic to the pyogenic micro-organisms. Now, ordinarily, when the tubercular bacillus attacks the organs of an individual, it opens the way for the microbes of suppuration, which crowd into the open door, and establish the suppurative process which saps the life of the individual. It is to this pus-formation that a great part of the evil effects of the tubercular process is to be attributed, and if this is prevented, as it is in gouty patients, the tubercular bacillus has to struggle for an existence, and is not potent for harm. Such is the explanation offered by M. Mollière, of Lyons, of the immunity from tubercular troubles enjoyed by gouty subjects. It is ingenious, and, as far as it goes, satisfactory.

TRANSLATIONS.

Translated expressly for THE MEDICAL ERA by Albert E. Pick and F. Pritchard, Boston.

Bluish-black colorations of the skin from gun-powder may be removed by washing the skin with a wash of ammonium bihydrojodicum and aqua destillata (equal parts). The red spots left by this wash may be removed by diluted hydrochloric acid.—*Zeitschr. für Therapie*.

Iodoform-collodion has a better action on the human skin than the tincture of iodine. The following is the formula :

R. Collod. elastic	-	-	-	10.0.
Iodoform,	-	-	-	1.0.

The collodion is especially elastic and efficacious if to 100 parts of collodion 2 parts of castor oil be added.—*Monatshefte für prakt. Dermatol*.

On the Technique of Ergotin-Injections.—According to Dr. Engelmann, the disagreeable symptoms sometimes seen as an accompaniment of ergotin injections (contrary to Bumm's view), may be avoided by using a pure ergotin. The solution of ergotin decomposes, in spite of any antiseptic which may be added, in the course of a few hours. Therefore, it must be prepared shortly before the injection. Then the procedure is entirely painless, whatever concentration may be used.—*Dr. Engelmann, Schmidt's Jahrbücher*.

Palpation of the Uterus and the Ovaries.—In order to make the uterus and ovaries accessible in difficult cases, Ullmann adds a new method to those of Simon. The bladder is emptied and a colpeurynter is introduced into the rectum; then, with one hand pressing upon the abdomen, and with the finger of the other hand placed in the vagina, the hand upon the abdomen presses the uterus, together with its appendages, which have been placed in a position of increased flexion, anteriorly by the colpeurynter, towards the finger in the vagina. Thus one may succeed in palpating the anterior and the posterior surfaces of the uterus as well as its ligaments and the ovaries with great accuracy.—*Dr. Ullmann, Vienna, Schmidt's Jahrbücher*.

Birth of Triplets.—The case in question was that of a multipara in her third confinement. At her first confinement she was delivered of a well-developed pair of twins; then followed an abortion at two months. Of the triplets one was extracted in the breech position, the second in the cranial position by Kristeller's

method. Both fetuses, a boy and girl, were well developed and had been carried through the full period of gestation; the third fetus was born with the membranes intact, and in the place of liquor amnii there were only two spoonfuls of a slimy fluid. This fetus was very badly developed; it was a female, small and atrophied, and died on the third day. The faulty development of the third fetus is traced by the writer to the extremely small amount, respectively, to the concentration, of the liquor amnii, and he claims to see in his observation a confirmation of Ott's view, that the liquor amnii serves exclusively for the nutrition of the child, while the umbilical cord and placenta only act as respiratory organs.—*Dr. Y. Balin, Odessa; Cent. Gynack.*

Photographing the Eye.—In order to photograph the eye the so-called "flash-powder," invented by Goedicke & Miethe, of Berlin, consisting of magnesium and saltpeter, is used; according to Cohn the amount which may be held upon the point of the smallest knife, is sufficient. This is to be held at a distance of 50–70 mm. from the eye, which, without smoke or dazzling, is sufficient to produce enough light for momentarily photographing the eye. The light is developed so quickly that the pupil has no time to contract. Therefore, one is able to measure exactly the width of the pupil in the dark. Until now this method was used to get an exact picture of pupillary membranes and colobomata of the iris. Cohn found the breadth of the pupil in the dark 8 to 9 mm.; and Du Bois-Reymond 10 mm., with the breadth of the cornea 13 mm. It is yet undecided whether by this manner one may be able also to correctly photograph the posterior portion of the eye, the papilla of the optic nerve, etc.—*Du Bois-Reymond, in Schmidt's Jahrbücher, Aug. 1888.*

The Induction of Premature Labor.

There are three methods of inducing premature labor, viz.: By medicines acting through the general system, such as ergot; sympathetic methods, such as irritating the breasts; and methods applied directly to the uterus, such as galvanism. Tampons to the cervix are useful in placenta prævia; hot-water injections to the vagina, but they are uncertain; tents and Barnes' bags, good; injection of water between the membrane and the uterus; but the best method is the introduction of an elastic bougie which is left in the uterus.—*Dr. Stanton.*

OPINIONS EXPRESSED.

It is a great mistake to be men of one method, especially in surgery.— *Dr. Arthur Durham.*

There are few dermatologists who do not admit the identity of lupus and tuberculosis.— *Dr. Heuntzman.*

In my opinion the nearest we can come to a definition of insanity, is that it is a diseased condition of the brain, which to a certain extent impairs the intellect and the will.— *Dr. J. C. Markoe.*

The power and quality of the voice depends not so much on the trembling of the vocal cords as on the sympathetic vibration of the air in the resonance chambers above and below the larynx.— *Dr. Martin.*

I think caruncles of the urethra to be of great clinical importance, and if other practitioners have the same trouble that I formerly had to cure them, they will welcome a remedy.— *Dr. Comstock.*

I understand "materia medica" to embrace all the substances that are known to produce deleterious effects upon the human organism, and which by virtue of these effects may be applied to the cure of disease.— *Dr. T. F. Allen.*

A subject demanding careful attention is the inability of mothers to nurse their children. The number of such defective mothers reaches the enormous per cent of forty with us; much of this is due to faulty methods of dress and life.— *Dr. W. H. Taylor.*

In those diseases in which the specific cause has been isolated, cultivated outside of the human body, and in which the injection of this culture produces identical lesions, we have positive proof that the disease is due to specific germs.— *Dr. N. Senn.*

I can no more accept the alcohols as food than I can either chloroform or ether, or methylal. That they produce a temporary excitement is true; but, as their general action is quickly to reduce animal heat, I cannot see how they can supply animal force. I see clearly how they reduce animal power, and can show a reason for using them in order to stop physical pain or to stupefy mental pain; but that they give strength—*i. e.*, that they support material for construction of fine tissue or throw force into tissues supplied by other material—must be an error as solemn as it is wide-spread.— *Dr. B. W. Richardson.*

SURGICAL NOTES.

A careful search of current medical literature reveals but four cases of surgical interference in perforating typhoid ulcer, in all of which a fatal result occurred.— *Dr. Bull.*

Fifty per cent of cases of nasal disease operated on have same temperature. Erysipelas is comparatively common after operations in nasal cavities.— *Dr. Rice.*

The researches of Senn have shown that complete extirpation of the pancreas is invariably followed by death, while partial excision is a feasible operation.— *Dr. Bull.*

In most of my cases of intubation where the patient survived I found it necessary to resort to tracheotomy; patients have recovered after tracheotomy where intubation has proved unsuccessful.— *Dr. Mudd.*

Many abscesses, four out of five, occurring within a year or two after delivery, are due to salpingitis or ovaritis, and our best proof is from those who have opened the abdomen.— *Dr. Wylie.*

Ulcers of the leg are usually first poulticed if sloughy, and, when clean, a dry powder dressing of bismuth, boracic acid, iodoform or calomel is used under the bandage from the toes up, with elevation of the affected extremity. Should granulations be protuberant, they are strapped with the ordinary basket-strapping of surgeon's-plaster.

Sutures.—After abundant trial and comparison, the conclusion is arrived at by Gerster that, as a rule, the interrupted suture is in every way preferable to the continuous one. The chief advantage claimed for the continuous suture—namely, the saving of time—is illusory. As regards safety in holding, and exactitude of adaptation, the interrupted suture has no peer.

Spread of Abscesses.—Gerster states very pertinently that the notion that the law of gravity alone regulates the spread of abscesses is an erroneous one, as it is well known that many forms of suppuration extend in a diametrically opposite direction to the force of gravity. The local spread is prescribed by the direction of the loose connective-tissue planes separating and connecting the different organs, and is mainly influenced by hydrostatic law. Perforation always takes place where resistance is the least.

DIETETICS.

When you give condensed milk for any length of time to a child, it is apt to become rickety.—*Dr. Jacobi.*

So far as known at present, the milk of tuberculous cows is free from tubercle-bacilli unless there exists tubercular disease of the udder.

Well cooked food is of great importance to the aged; it should be simple and easily digested.—*Dr. Loomis.*

People talk of using the milk of one cow in order to have an unvarying quality. Why, the woman's own milk itself varies every day and every hour.—*Dr. Fowler.*

When persons speak of the amount of meat used in the preparation of the beef tea given to a certain person who has joined the majority, they do not know what pernicious nonsense they are talking—pernicious because misleading. The food value of the beef tea depends upon what is added to it.—*Fothergill.*

A pint of warm water taken on an empty stomach in the morning, is the safest and surest of all remedies for habitual constipation. It dissolves the fecal matter and stimulates peristaltic action, thereby giving a normal action without pain. If the tongue is coated, squeeze a lemon into the water and drink without sweetening.

An excessive meat diet will sometimes bring on hypochondriasis, and in this condition the ordinary rules for nervous invalids are to be changed. Hypochondriacs must be fed largely upon vegetable food, which distends the colon and causes it to empty itself. When hypochondriasis is brought on by a meat diet, it is cured by porridge and green vegetables.

It is a mistake to suppose that because milk is a liquid food it is at the same time a drink which is capable of satisfying the thirst of infants. Although milk appeases hunger, it makes thirst more intense after it has remained some time in the stomach and digestion of it has begun. It is thirst which causes healthy, breast-nourished infants to cry for long periods of time in many instances. There are many cases of indigestion due to weakness or insufficiency of the child's gastric juice which would be greatly benefited or even cured if the child were allowed an occasional drink of water.

USEFUL RECIPES.

Urticaria.

A mixture of chloroform and alcohol, equal parts, applied locally, will quickly relieve almost every case of urticaria.

The Best Parasiticide.

Lice and other parasites are removed from the hair quicker and better by a decoction of quassia, to which a little borax and glycerine have been added, than by almost any other known means.

Cracked Nipples.

Treat cracked nipples by covering the fissures with India rubber or caoutchouc dissolved in chloroform. This forms a pellicle which protects the nipples against the contact of the infantile saliva.

To Sterilize Instruments.

Wash the instruments after use in cold water, place them in a water-bath, boil them for five minutes, wipe with a sterilized cloth, and place away for use. No one disinfecting fluid will destroy all microbes, but none can withstand a temperature of 212° F.

Preservation of Flowers.

Inclose the flowers, with a little burnt lime, in a tube hermetically sealed. In a few days all the oxygen of the air will have disappeared, the lime will take up some of the moisture of the flowers and portions of the carbonic acid, so that the plant soon exists in pure nitrogen.

To Preserve Brain Specimens.

A brain, or any part of it, is first hardened by any of the current methods, such as chrome salt solutions, alcohol, or chloride of zinc, then dehydrated thoroughly in alcohol, and subsequently placed for three days in a saturated solution of Japanese wax in chloroform. This wax is a concrete oil obtained from a Japanese tree. The specimen is then placed for three days longer in melted Japanese wax, kept in a molten state over a water-bath. It may then be removed, drained, and allowed to dry. It now suffers no change from exposure to the atmosphere; and may be used for demonstration of the coarser morphology, and perhaps even of the finer. Some specimens presented had been in service for two years.

NEWS OF THE MONTH.

Two young women in Buffalo, who graduated in medicine last spring, have bought out a drug-store, and are successfully running it.

WORCESTER, Mass., Nov. 2.—Mrs. Frank A. Degroot, of Milbury, gave birth to four girl babies this afternoon. Mother and children are all doing nicely, but the father is badly broken up.

At the corner of Thirty-third and Laurel streets, Chicago, Oct. 16, the police found in an old clay pit, a soap-box containing the dead bodies of five babies. It is supposed that some midwife could, if she would, explain what is now a mystery.

PITTSBURG, Pa., Sept. 18.—A few weeks ago Miss Ever Pemberthy, of Canton, O., who is wealthy and well educated, came to Pittsburg to obtain practical knowledge as a nurse. While in one of the hospitals here she witnessed a surgical operation which affected her mind. She continued to grow worse until to-day, when she was sent home a raving maniac.

IN A RECENT CASE the Supreme Court of Ohio decided that the druggist is liable for negligence in putting up medicines. In the case in dispute the druggist was asked for "oil of sweet almonds," in place of which he carelessly gave the "oil of bitter almonds." As a result, the person who took the oil died. Though his clerk made the mistake, the court held the druggist responsible. — *Med. Register*.

"A CORRECTION.—The *Boston Medical and Surgical Journal*, from which an extract was quoted by *The Medical Record* bearing on the composition of several artificial foods, publishes a correction based upon the analyses of Professors Elwyn Waller and A. A. Breneman regarding Reed & Carnrick's soluble food, to the effect that 38.26 per cent of the albuminoids which it contains are in soluble form, that no 'hard unchanging particles of casein' were found, that the casein is partially rendered soluble by the action of the digestive ferment. That the proportion of albuminoids in Liquid Peptonoids is limited only by the quantity which can be kept unchanged in solution, that sixteen per cent of alcohol is necessary to prevent decomposition of the albuminoids, and that no greater than three per cent of these can be held in solution in this liquid. We publish the correction from the same source as the original quotation as an act of justice to all concerned, regretting that we, in common with our Boston contemporary, were in any manner misled by what appeared to be a well-authenticated official report." — *The Medical Record*, Oct. 13, 1888.

PERSONALS.

DR. ALBERT CLAYPOOL, of Toledo, O., has added another successful case of ovariectomy to his list.

DR. B. F. BAILEY, of Lincoln, Neb., announces the removal of his office to the S.-W. corner L and 14th streets.

DR. C. S. MACK, formerly of Boston, has located at the N.-W. corner 57th street and Lake avenue, Hyde Park.

MRS. HARRISON, wife of Gen. Benjamin Harrison, of Indiana, during the residence of her husband in Washington was one of the directors of the National Homœopathic Hospital, and is an earnest friend of homœopathy.

"DR." THOMPSON, the "Moxie" man, will probably require a long course of his nerve medicine. A Boston woman whom he is alleged to have slandered from motives of jealousy, has recovered against him a verdict of \$30,000 damages. — *Chicago Tribune*.

DR. CLIFFORD MITCHELL will contribute to the pages of the ERA a series of original articles on the urine, based on the results of numerous observations, and illustrated by cases from practice. The first one of the series appears in the present issue.

DR. JOHN C. KING, of Banning, Cal., takes exceptions to Dr. Hale's strictures on the climate of California. He says that the coast towns are totally unfit for consumptives, being subject to fogs and malaria, but the towns "on the eastern slope, at altitudes of from 2,000 to 3,000 feet enjoy the best climate in the world."

In January there will be issued from the press of A. L. Chatterton & Co., New York, a new publication entitled *The Journal of Ophthalmology, Otology, and Laryngology*. It will be edited by Geo. S. Norton, M.D., assisted by Chas. Deady, M.D. The editors have undertaken the work with enthusiasm, and are determined to make the journal of the highest practical value to all interested in the eye, ear, or throat. To accomplish this the immense mass of material found at the N. Y. Ophthalmological Hospital will be fully utilized, in addition to which there will be articles by prominent authorities throughout the country. The journal will be particularly devoted to original articles upon the three specialties. This will probably be the only journal in our school devoted to these subjects, and special attention will be given to the development of homœopathic therapeutics and the clinical verifications of old and new remedies. The publication will appear quarterly, and consist of about 400 pages at \$3.00 per year. Those desiring full sets will do well to advise the publisher at an early date.

OTIS CLAPP & SON have prepared their visiting list and prescription record, which is as neat and convenient as ever. It is "perpetual" in arrangement, and contains many new features.

THE regular winter visits of the *Chironian* are always received at this office with great pleasure. It is a journal from which those who are ripe in the profession may learn many useful lessons.

A NEW alkaloid, oxypropylenedüzoamylamine, is said to induce epileptic fits. Would it not be well to make a proving of its name on some medical student, and thus establish its homœopathicity?

LACTATED FOOD has been so long in use by the profession that its virtues have become well known. Not only can it be used in the heat of summer, but at all seasons when it is desired to improve the nutrition.

THERE comes to our table a new candidate for favor which is very appropriately named *The Medical Student*, published by the students of the B. U. S. M., with H. Warren Johnson, M.D. ('88), as managing editor. We give the new journal a cordial welcome, and feel sure that it will fulfill the promise made in its opening editorial.

PHYSICIANS who change their locations, or who know of removals, deaths, or changes of any kind on the part of others, should send the intelligence on a postal card to Dr. T. S. Hoyne, editor of the *Medical Visitor*, in order that the list which he publishes may be correct to date. It is the best list in the United States, being corrected monthly.

LITERARY NOTE. 728 is the record in numbers of the articles printed during 1888 in the *Archives of Gynecology* on the special subjects of its title. It is the aim of the editors to publish all current thought in these departments of medical knowledge. The publishers, Leonard & Co., 141 Broadway, New York, do not send sample copies, but if you are not pleased with the first number it may be returned and the order erased. Subscription \$3.00 per annum. Payment is not asked till end of the year.

Dr. Thompson Admits His Folly.

BOSTON, Mass., Oct. 30 — Dr. Thompson, of Lowell, publicly admits his folly in his connection with the actress, Mrs. Beale, who just secured \$30 000 damages from him, but says he acted from the kindness of his heart.—*Chicago Tribune*.

SUBSCRIBE NOW.

New subscribers to THE MEDICAL ERA are invited to send in their names (accompanied by the price of subscription) at as early a date as possible. Many have already responded, and expressed their opinions at the same time. The general tenor of the remarks may be gathered from the specimens which we give below:

Yours is a practical journal—just what I want.—*Dr. E. W. Boardman*.

Having for the first time seen your journal, I am so well pleased with it that I enclose price of subscription.—*Dr. A. N. Logan*.

I am very much pleased with the ERA. I think it the best journal I have seen yet. Add my name to your subscription list.—*Dr. O. A. Bemis*.

I enjoyed reading the ERA very much — more than any other journal I ever saw. I like its snap and independence, and besides that it is bright and newsy. Consider me a permanent subscriber.—*Dr. A. F. Goodrich*.

"DISEASES OF THE KIDNEYS, CLINICALLY CONSIDERED," is the title of a new work by Dr. Clifford Mitchell, now in press.

FROM Philadelphia comes the *Medical Institute*, very much improved in appearance, and having quite the character of an adult medical journal. It has our best wishes for a long and prosperous future.

Scribner's Magazine is the popular favorite. The railroad articles have largely increased its circulation.

The November *Century* begins the thirty-seventh volume and nineteenth year of the magazine; and the number is made notable by the beginning of several new series, or magazine "features."

Dr. Charles H. Merz, the house physician to University Hospital at Cleveland, Ohio, April 25th, 1887, said: I have made use of PAFINE for some time past, both in hospital and private practice, and find it a most agreeable substitute for Morphine and Opium. It is the anodyne *par excellence*.

THE Seventh volume of Alden's *Manifold Cyclopedias* is equal to those which have preceded. It well deserves the praise which it receives on all hands, being the best there is for popular use. The handy size of the volume recommends it. Send for specimen pages to John B. Alden, Publisher, 393 Pearl street, N. Y., or 213 Clark street, Chicago.

Burlington Route.

VESTIBULE TRAINS. "The Burlington's No. 1" fast train, leaving Chicago at 1 P. M. daily for Omaha, Lincoln, Cheyenne and Denver, and arriving at Denver at 9:10 A. M. the next evening, is now a solid vestibule train for the entire distance between Chicago and Denver.

The Burlington's "Fast Trains" to Kansas City, St. Paul and Minneapolis will also be vestibule trains at an early date.

THEY SAY

THAT a lost boy is a waif from home.

THAT the soul of pathology is etiology.

THAT Cork has a large floating population.

THAT bread riots are generally led by loafers.

THAT nothing can be aseptic unless it is clean.

THAT he who steals a doctor's purse steals trash.

THAT the tax-collector always comes in due time.

THAT conceit, like any other seat, must be sat on.

THAT it's easy enough for a gunboat to shoot the rapids.

THAT a sunstroke is insolation, and freezing is iceolation.

THAT it's always the other fellow who sees the sea-serpent.

THAT there is no kind of septic infection that is not parasitic.

THAT things will become smoother if you do your level best.

THAT the man who was stoned to death was rocked to sleep.

THAT only one person in 10,000,000 who travels by rail is killed.

THAT doctors often kill themselves in trying to cure other people.

THAT the man with nasal catarrh says there's always rheum at the top.

THAT a wink is as good as a written prescription to an intelligent druggist.

THAT when a robin loses its mate, it takes a bird-sigh view of the case.

THAT in China there is a temple containing an idol that weeps tears, idol tears.

THAT the doctors intend getting up a trust—trust to luck to get their bills paid.

THAT after the Christians are fairly civilized, we are in favor of attacking the heathen.

THAT people are always talking against the telephone, and yet it's a very useful affair.

THAT a Danish newspaper is called *Hamlet* because it is one of the prints of Denmark.

THAT the Sultan of Morocco discharged forty of his cooks because they spoiled the broth.

THAT there's many a slip 'twixt the cup and the lip, so it's safer to drink out of the bottle.

THAT in Boston the neck of the chicken is called Napoleon—it's the bony-part, you know.

THAT the man who invented alcohol died nine hundred years ago, but his spirit still lives.

THAT there are few dermatologists who do not admit the identity of lupus and tuberculosis.

THAT we are liable to make mistakes, but it's always the other fellow who makes blunders.

THAT "cat-gut" ligatures are not made of the gut of the cat at all, but from sheep's intestines.

THAT a man at the college wants to know if raising the tariff on wool will affect the price of flannel cakes.

THAT when you are burned out, you generally get the insurance, but when you are fired out—good bye!

THAT a book on the diseases of convalescence would be one of the most valuable that a physician could write.

THAT in China physicians receive about six cents a visit. The Chinese know pretty well what a thing is worth.

THAT in sixty-three per cent of cases in which pregnant women are attacked with typhoid fever, abortion follows.

THAT mares matched with zebras will subsequently, when mated with horses, produce colts which are striped.

THAT two rival undertakers got into a row at a funeral the other day, but finally decided to bury their differences.

THAT a Connecticut man spent forty years trying to invent a compressible head, then gave it up and in two days invented an elastic hat.

THAT there is a Sioux Indian in Dakota whose name is Big-Head. What a splendid professor he would make for one of our medical colleges!

THAT the first stage of labor is under the influence of the sympathetic, while the second stage is under the influence of the cerebro-spinal system.

THAT the teeth of the present generation are more fragile, and more subject to decay than the teeth of those who composed the population fifty years ago.

THAT the clothing of patients suffering from scarlet fever, folded up and put away in drawers without disinfection, can retain their dangerous properties for years.

THAT a woman in Michigan went to sleep with a big water-melon rind tied over her face to improve her complexion; a burglar who entered her room and saw her, fainted away, and was picked up next morning in a dying condition.

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